

Gay Men and Surrogacy:
Navigating Boundaries in the
Procreative Realm

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Wendy Jane Norton

De Montfort University

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Abstract

Desire and motivation to parent has often been conceptualised as a women's reproductive concern whilst relatively little is known about men's reproductive desires, reproductive decision making and reproductive experiences. Gay men have specifically been represented as uninterested in children and parenting, yet an increasingly number of same-sex male couples are exploring the possibility of surrogacy as a means of creating a family. To date, no studies have explicitly explored men's use of surrogacy within the UK context where gamete donation is highly regulated and commercial surrogacy is illegal.

This study employed a qualitative, interpretivist epistemology to explore the factors that influence UK resident men's desire and motivation for parenthood, why men choose surrogacy over other family building options and their experiences as they navigate the surrogacy journey. Data were collected using semi-structured interviews with 21 gay men and 15 key stakeholders and analysed using thematic analysis informed by theoretical concepts of procreative consciousness and procreative responsibility (Marsiglio, 1991), micro-aggressions (Sue, 2010), and Critical Kinship Studies (Krolokke et al, 2016; Riggs & Peel, 2016).

The findings reveal that a variety of interrelated factors, including learning of different parenting options, spending time with children, and the visibility of "role-models" enabled men's procreative consciousness to emerge, and served as triggers to motivate them to act on this desire. Participants' accounts depicted surrogacy as a complex and challenging route to parenthood, but one which offered men the possibility of a genetically-related child who could live with them permanently in their own family unit. Surrogacy required careful planning, decision-making, and a great deal of forethought as men considered and negotiated third-party input to help them create their families. Many of the challenges men faced in their pursuit of surrogacy were associated with healthcare professionals' lack of familiarity and experience with surrogacy and its legal position within the UK.

Central to the findings in this study is the importance of the socio-cultural context. This thesis argues that gay men's motivation to parent and their experiences of surrogacy are

shaped by the changing landscape of social, legal and technological possibilities within a society that privileges heterosexual parenting. This study presents the original concept of *procreative boundaries* to examine the broader multi-layered structural parameters within which gay men are able to realise their procreative consciousness and enact procreative responsibility in order to achieve parenthood and be recognised as legitimate parents.

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Glossary of Terms

Assisted Reproductive Technologies (ART): General term referring to methods used in non-coital technically assisted reproduction to improve the chance of conception and achieve pregnancy. ART are used primarily in infertile treatments, and include in-vitro fertilisation and third-party techniques such as egg donation, sperm donation or surrogacy.

Co-parenting: Co-parenting is where two people agree to conceive a child and raise a child together even though they are not in a relationship. Each person may have their own partner so it is possible that a child has more than two parents or carers.

Heteronormativity: The culturally biased concept that heterosexuality is the normal or even “natural” form of human sexual behaviour. It is privileged, and all other forms are labelled less legitimate. Stigmatisation and discrimination often result.

Heterosexism: The practice of assuming everyone is heterosexual and behaving accordingly. This can impact on the planning and delivery of services, as well as on language (e.g. assuming partners will be of the opposite sex).

In Vitro Fertilisation (IVF): A medical procedure whereby eggs are collected from a woman's ovaries and fertilised with sperm in a laboratory to create embryos, which are then transferred back into the woman's uterus with the intention of establishing a successful pregnancy.

Micro-aggressions: Subtle, often innocuous messages that communicate a denigrating message to an intended target. Micro-aggressions may be delivered in the form of snubs, dismissive looks, gestures and tones, and may be delivered from person-to-person interactions or person-to-environment interactions (Sue, 2010).

Nuclear family: A view of the family that assumes common residence, shared economic resources, and married, heterosexual couples who share parenting.

Parenthood Pathway: A specific chosen route pursued to create a family. This term acknowledges alternative routes to heterosexual procreation and does not restrict parental rights and responsibilities to biological parents.

Sexual Minority: This term refers broadly to individuals whose sexual identity/behaviour is marginalised by heterosexually prescribed norms.

Chapter One: Introduction

“Today, the stork is less of a myth than a metaphor for the actual dissociation of conception, gestation, and rearing that medical science has made possible” (O’Brien, 1986: 128).

1.1 Introduction

The past 40 years have seen the rapid evolution of assisted reproduction technologies (ART), which have revolutionised procreation. Reproductive technological developments have not only created possibilities for infertile couples to have children, but have also benefited lesbians and gay men¹ whose parenting choices were previously limited (Goldberg, 2010). These developments have challenged notions of procreation, parenthood and families and evoked a variety of responses which this thesis will explore. Surrogacy is one such option that gay men have been increasingly utilising to become parents. However, despite surrogacy becoming more prevalent, it remains the most controversial form of assisted reproduction (Golombok, 2015).

Parenthood was considered an exclusive privilege of heterosexuality (Patterson & Riskind, 2010). The idea that parenting could be openly chosen by non-heterosexual people is fairly recent (Weeks, Heaphy & Donovan, 2001: p159). Whilst lesbians have been able to access routes to parenting they have control over, gay men have not had these opportunities. Heteronormativity has constituted gay men as being unfit to parent or not having the biological ability to produce children without a female partner (Patterson, 2009). However, more recently there has been a significant structural and cultural shift. The British Social Attitudes survey (National Centre for Social Research, 2017) reported that the percentage of respondents supporting same-sex relationships had quadrupled from 17%, when the survey started in 1983, to 64% in 2016. Alongside changes in attitudes,

¹ The terminology used to describe sexual identity within this thesis is explained in more detail later in this chapter.

there have been significant changes in legislation² such as same-sex marriage, and adoption rights (Biblarz & Savci, 2010; International Lesbian, Gay, Bisexual, Trans and Intersex Association [ILGA] Europe, 2016) that have helped remove some of the structural barriers to parenting for gay men and lesbians, enabling previously denied parenting aspirations to be fulfilled. In addition, there has been a considerable shift in the expectations and norms relating to fatherhood identities and practices, where men are expected to be more involved in childcare, with an increasing number of men assuming a primary caregiving role (Chesley, 2011; Dempsey & Hewitt, 2012). This changing landscape of legal, technical and social possibilities has provided opportunities for gay men to pursue fatherhood outside the context of heterosexual relationships (Mallon, 2004; Goldberg, Downing & Moyer, 2012).

Gay men have traditionally been stereotyped as uninterested in children and parenting (Mallon, 2004). However, evidence does not support this. Gay men are increasingly having children in the context of a same-sex relationship, to the extent that this growing trend has been labelled a 'gayby boom' (Friedman, 2007; Bergman et al., 2010). Lesbian motherhood, partly enabled by the emergence of fertility services offering donor sperm, has been positioned as the precursor to this increase in gay fatherhood (Sullivan, 2004; Mamo, 2007). An increasing number of gay men now view parenting as an expected part of their life trajectories (Rabun & Oswald, 2009). However, prior to the possibility of ART the options for gay and single men looking to have children were to adopt, foster, or co-parent, i.e. raising children together with lesbian or heterosexual females that they are not having a partnered relationship with (Gates et al., 2007). Reproductive technology has come a long way since the ground-breaking birth of the first in vitro fertilisation (IVF) baby in 1978, generating an increasing range of family building possibilities. This shifting technological landscape has opened alternative parenthood opportunities for gay men, whilst also raising questions about how gay men fit within the traditional conceptualisation of the family.

² See Appendix 1 for a chronology of significant changes in UK legislation that have helped remove some of the structural barriers to parenthood for gay men and lesbian women.

The study explores the phenomenon of gay men who use surrogacy to become parents, by examining men's motivations and experiences of parenthood via this pathway and identifying factors which may facilitate or limit this aspiration. It does so by drawing upon interviews with both gay men pursuing surrogacy and a range of key stakeholders involved in surrogacy arrangements. By placing men's voices at the fore, this study considers men's perceived benefits of surrogacy over other parenting pathways and their decision-making relating to various aspects of their surrogacy arrangements. Exploring men's engagement and interactions with key stakeholders involved in surrogacy also helped to capture men's perceptions of the contributions various actors make and subsequently play in the creation of their families. There has been sparse attention paid to how gay men in the United Kingdom (UK) experience pregnancy and childbirth and navigate a position within women-centred maternity practices, how men cultivate an emotional bond with the fetus, and how they construct father identities within a surrogacy arrangement. The current study offers a unique opportunity to increase our understanding of how gay men pursuing surrogacy experience this procreative realm and the ways in which key stakeholders facilitate or limit men's access to this form of family building.

This thesis is positioned at the intersection between sociology and nursing disciplines; it examines the importance and impact of social structures by exploring participants' critical accounts to inform nursing scholarship. There has been a general "silence" on lesbian, gay, bisexual, and transgender (LGBT) issues within nursing practice (Eliason, Dibble & DeJoseph, 2010; Jackman et al., 2018), as well limited scholarship relating to fertility nursing (Allan, 2017). The existing studies on fertility nursing have focussed on nurses' advanced clinical skills (Barber et al., 1996; Corrigan, 1996; Sinclair et al., 1998; Ashcroft, 2000; Morris, 2001; Allan & Barber, 2004; Mitchell, Mittelstaedt & Wagner, 2005.); the emotional and multifaceted nature of ART programmes (Barber, Barlow & Balen, 2000; Allan, 2001a; Barber, 2002; Allan, 2009); and the nurse-patient relationship (Allan, 2001b; Allan, 2002; Peters, 2003; Allan, 2005; Payne & Goedeke; 2007; Allan, 2013). The current study adds new insights into the experiences of prospective parents involved in a surrogacy arrangement, and more specifically, gay men's experiences within fertility services.

This introductory chapter begins by discussing some of the concepts central to this thesis, providing details of the different types of surrogacy arrangements, and outlining the law and regulations relating to surrogacy within the UK and their impact on the options and rights available to intended parents. The chapter then describes some of the steps involved in a surrogacy arrangement, the limited evidence available to establish the incidence and nature of surrogacy arrangements being undertaken, as well as the debates concerning the potential benefits and ethical concerns associated with this form of family building. Finally, the chapter presents the justifications for this research, and introduces the aims and objectives of the study. The chapter concludes with an overview of the thesis structure.

1.2 Surrogacy: A Form of Family Building

Surrogacy is not a new phenomenon; it has possibly been used for centuries to overcome infertility problems (Brinsden, 2003). A “surrogate” can be defined as a woman who becomes pregnant, carries and delivers a child on behalf of another couple who want to assume parental responsibility, known as the intended or commissioning parents (Shenfield et al., 2005). Thus, surrogacy provides an opportunity for individuals or couples to become parents in circumstances where carrying a pregnancy is biologically impossible or medically contraindicated (Shenfield et al., 2005). For heterosexual couples, surrogacy may be an option if the female partner has a significant uterine pathology, an absent uterus or another medical reason leading to her inability to gestate a pregnancy healthily. In 2009, the UK fertility regulator, the Human Fertilisation and Embryology Authority (HFEA) removed its previous guidance that licensed treatment centres should only offer surrogacy where it was physically impossible or highly undesirable for medical reasons for the commissioning mother to carry a pregnancy (HFEA, 2009). Subsequently, surrogacy is now an option for same-sex couples or single people (discussed later in this chapter). The use of ‘third-party reproduction’ in which an extra party contributes to conception or gestation, such as egg, sperm, or embryo donation, and surrogacy (American Society for Reproductive Medicine [ASRM], 2006) has transformed the field of assisted reproduction, giving rise to growing numbers of people worldwide utilising surrogacy arrangements as a method of family building.

1.2.1 Traditional and Gestational Surrogacy

Traditional surrogacy (also known as genetic or partial surrogacy) involves sperm from the intended father and an egg from the surrogate. Fertilisation is achieved by artificial insemination which can be undertaken informally between the parties using home insemination kits, pioneered by lesbians in the 1980s, or by intrauterine insemination (IUI) at a fertility clinic (see Figure 1). The surrogate then gestates the baby, relinquishing it after birth. This may be a simpler form of surrogacy, as pregnancy can be attempted on a monthly basis and there is a reduced need for medical intervention; making this form of surrogacy more affordable for some couples. The baby is biologically related to the intended father and the surrogate, who will have a genetic link by providing the egg.

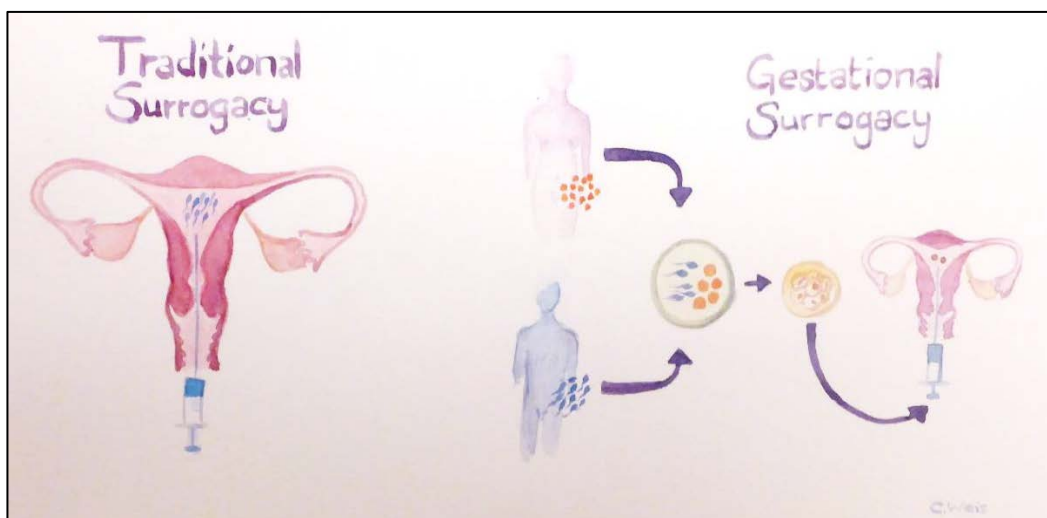


Figure 1: Different Types of Surrogacy.

The introduction of egg donation in 1983 created the possibility for an alternative form of surrogacy, gestational surrogacy. Gestational surrogacy (also known as host or full surrogacy) involves creating an *in vitro*-derived embryo/s in a laboratory, using surgically removed eggs from the intended mother, or an egg donor, inseminating those eggs with sperm from the intended father, or sperm donor, and transferring the resulting embryo/s into the uterus of another woman; the gestational surrogate (see Figure 1). The surrogate hosts the pregnancy but will not be genetically related to the child (Zegers-Hochschild et al., 2009). This type of surrogacy arrangement involves more time commitment and

greater expense as the couple are undergoing an IVF treatment cycle. Gestational surrogacy has become more prevalent as ARTs have advanced, largely because it disrupts the 'blood tie' between the surrogate and child (Ragoné, 1999; Jacobson, 2016). Evidence suggests that if the surrogate is genetically related to the child the potential for disputes between the parties is increased (Trowse, 2011), along with evidence that the surrogate is less likely to form an emotional attachment to the fetus if her own egg is not used (Ragoné, 1994; Teman, 2008). As gestational surrogacy involves an IVF treatment cycle and the implantation of an *in vitro*-derived embryo, in the UK it must always take place in an HFEA-licensed fertility clinic. Fertility clinics both in the United States of America (US) and the UK now tend to only offer gestational surrogacy (Federation of Gynecology and Obstetrics [FIGO] Committee, 2008; Norton et al., 2015).

1.2.2 Altruistic and Commercial Surrogacy

Surrogacy (either traditional or gestational) may be undertaken as an 'altruistic' or commercial arrangement and this varies widely between jurisdictions, depending on specific US state or international surrogacy legislation as will be discussed later in this chapter. 'Altruistic' surrogacy, which is the only legal form of surrogacy within the UK (see section 1.3), is described as that where the surrogate chooses to carry the child for reasons other than financial gain, although 'reasonable expenses' can be paid to cover costs relating to loss of earnings, travelling expenses, maternity clothes, etc. (FIGO Committee, 2008). In the UK, although there are no set rules regarding compensation, surrogates usually receive less than £15,000 with a reported mean average of £10,859 (Horsey, 2015). In contrast, commercial surrogacy is where the surrogate is financially compensated by the commissioning parents, beyond the reimbursement of medical and other reasonable expenses. At the time of writing, this is illegal in many countries, including the UK (see section 1.3).

Some scholars have problematised the notion of 'altruistic' surrogacy, emphasising the difficulty in distinguishing between compensation for expenses/loss of earnings and giving surrogates gifts, and an actual surrogacy payment (Ekman et al., 2017). Others have claimed that although altruistic surrogacy describes a sense of goodwill and empathic

gesture to help others, some women are motivated by personal factors, such as their own enjoyment of being pregnant, or the satisfaction gained from helping others. Ruparelia (2007) claims these personal motivations may relate to the socialisation of women and gender expectations of women's maternal capacities and the value attached to those roles. Equally, women may have both altruistic and economic interests for becoming surrogates.

Commercial surrogacy is usually mediated by an agency, and commissioning couples pay for a range of professional services including compensation for the surrogate, the fertility treatment cycle, surrogacy agency services, and if undertaking surrogacy within the US, legal services and health insurance for both the surrogate and the baby. Surrogacy in the US costs approximately \$120,000-\$150,000, with US surrogates typically receiving \$25,000 to \$35,000, and egg donors, if used, receiving up to \$10,000 (Smietana, 2017). In contrast, commercial surrogacy in India (prior to barring surrogacy for foreigners in 2015), was much cheaper, costing around £30,000 overall, paid direct to the clinic, with clinics then paying Indian surrogates around £2,000 to £4,000 (Prosser & Gamble, 2016). The high costs of commercial surrogacy may limit this parenting route to only those men with sufficient finances to fund this option (Bergman et al., 2010; Berkowitz, 2013).

1.2.3 Domestic and Cross-border Surrogacy Arrangements

Domestic surrogacy describes an arrangement made with a surrogate in the intended parents' country of residence, i.e. for this study, a surrogate who is resident in the UK and the child is born in the UK. Cross-border surrogacy is defined as an arrangement with a surrogate who lives in a different country to the intended parents, and the intended parents travel to her country to undertake the surrogacy process (Kirby, 2014). International differences in the law relating to surrogacy and third-party reproduction may have led couples to seek treatment across international borders (Gamble, 2009; Pande, 2009; Culley et al., 2011), with couples purposely choosing "surrogacy-friendly" jurisdictions as their destinations (Trimmings & Beaumont, 2011).

It has also been suggested that the complexity of the surrogacy process in the UK, detailed later in this chapter, may be fuelling an increase in UK residents travelling to countries with well-established commercial surrogacy programmes, readily available surrogates, competitive costs and less restrictive legal requirements (Gamble, 2009). Similar concerns have been expressed in other developed countries facing an increase in cross-border travel for surrogacy (Millbank, 2011). While changes to UK laws have explicitly recognised the rights of gay men to access ART, Horsey's (2015) survey of surrogacy within the UK reported that a higher proportion of gay men who use surrogacy do so overseas rather than in the UK; the most common destination being the US. International surrogacy arrangements offer additional benefits and reassurances for intended parents, such as allowing both fathers to be named on the birth certificate from the outset in some countries. However, others report concerns in relation to the interaction of UK and foreign law, immigration difficulties and citizenship issues (Zanghellini, 2010; Crockin, 2013; Deomampo, 2015). Children born through international surrogacy are not legally protected, leaving many new-borns stranded overseas 'stateless and parentless', and for some children, permanently unresolved legal parentage (Gamble, 2016: p922). This results because of issues relating to commissioning parents' status, granted in overseas jurisdictions, not being recognised in their country of residence, as well as the child having citizenship of the birth country but no recognised parents in that country (Millbank, 2013).

1.3 Surrogacy Law and Regulation in a UK Context

Rapid technological advances in reproductive medicine over the last four decades have presented significant legal and moral challenges and have resulted in the transformation of different aspects of reproductive law and regulation, for example, the 2008 Human Fertilisation and Embryology (HFE) Act amendments, and the HFE (Parental Orders) Regulations, 2010³. Internationally, there is a wide range of legal stipulations and regulation variability associated with surrogacy and third-party reproduction (Armour, 2012; Beaumont and Trimmings, 2012; Nelson, 2013). This can lead to a very confusing and complicated process. Surrogacy remains illegal in many European countries including

³ See Appendix 1 for a chronology of significant developments in reproductive medicine legislation.

France, Germany, Italy, Spain and Switzerland. In contrast, in countries such as Georgia, Ukraine and South Africa, all surrogacy agreements, including commercial surrogacy, are legal and enforceable (Howard, 2014) (see Figure 2).

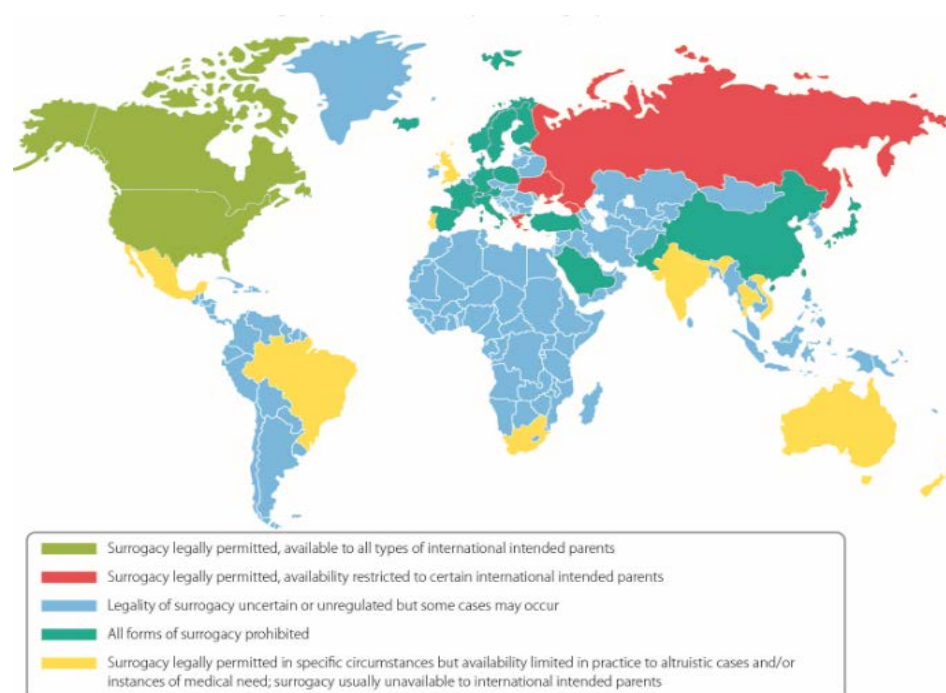


Figure 2: Legality and Availability of Surrogacy Worldwide. (By permission from Woodward, B; Mehta J; Female Infertility; JP Medical Ltd: in preparation 2019).

The Warnock Committee Inquiry was established in the UK in 1982 to consider the social, ethical and legal implications of medical and scientific development related to human fertilisation and embryology. This committee criticised surrogacy for being morally reprehensible, and suggested such arrangements should be discouraged as “it is inconsistent with human dignity that a women should use her uterus for financial profit and treat it as an incubator for someone else’s child” (section 8.10), and people should not treat others as a means to their own ends (Department of Health and Social Security, 1984). Furthermore, if surrogacy did take place, there should be no question of the surrogate mother being forced by any contractual obligation to part with a child, to which she has recently given birth (section 8.12).

The high-profile case of the birth of ‘baby Cotton’ on 4th January 1985 exposed the lack of legal regulation for commercial surrogacy in the UK. Kim Cotton, Britain’s first surrogate,

was paid £6500 to have a baby for an infertile couple, in an arrangement brokered through an US agency. The Surrogacy Arrangements Act 1985 was hurried through Parliament as a reaction to the 'baby Cotton' case, resulting in the UK becoming the first country to have specific legislation on surrogacy. The Act (section 1.2) clearly defines a "surrogate mother" as:

A woman who carries a child in pursuance of an arrangement –

(a) made before she began to carry the child, and

(b) made with a view to any child carried in pursuance of it being handed over to, and the parental rights being exercised (so far as practicable) by, another person or persons.

Commercial surrogacy remains prohibited in the UK, under the existing Surrogacy Arrangements Act 1985; limiting payments only covering what is described as 'reasonable expenses'. However, there is no strict definition of what constitutes reasonable expenses and this issue remains controversial. This Act also makes it a criminal offence to advertise that you are in need of or willing to enter into a surrogacy arrangement. In the UK, surrogacy arrangements are not legally enforceable, even if a contract has been signed and/or the surrogate's expenses have been paid.

Under UK law, the woman who gives birth is the legal mother. This is an irrebuttable presumption; irrespective of genetic parenthood or where in the world she lives. Legal paternity is more complex. The biological father might be treated as the legal father, but this is not automatic and depends on various circumstances including the surrogate's marital status, or the jurisdiction in which the child is born. If the surrogate is married or in a civil partnership her partner is legally recognised as the second parent of the child unless evidence to demonstrate a factual basis for not consenting can be provided (e.g. that they are separated). In cases where the surrogate is single, or where their partner did not consent to treatment, one of the intended parents can now be formally attributed legal parenthood when the child is born, if the arrangement took place in an HFEA-licensed clinic and the appropriate consent forms have been signed prior to the commencement of treatment (HFEA, 2016).

1.3.1 The Human Fertilisation and Embryology Act and Legal Parentage

The HFE Act 1990 created the HFEA whose remit is to license and monitor fertility treatment clinics in the UK. The Surrogacy Arrangements Act 1985 was amended by Section 36 of the HFE Act 1990. The main principle captured in the HFE Act was the legal definition of parentage following the use of regulated infertility treatment services, introducing the concept of a “Parental Order” as the means of transferring legal parental responsibility from legal parents to the intended parents. However, in accordance with this Act, unmarried or same-sex couples were not eligible to apply for a Parental Order despite one of them being genetically related to the child; they were required to undergo an adoption process.

The HFE Act was amended in 2008, bringing the regulation of ART up-to-date, rendering it “fit for purpose” in the 21st century (Department of Health, 2005). The updating of the original legislation also needed to take account of the increase in both lesbian women’s and gay men’s use of non-coital reproduction and in societal acceptance of same-sex parenting (Zanghellini, 2010). The HFEA 1990 legal requirement to take account of “the need of [a] child for a father”, previously prohibiting lesbians’ access to ART, was replaced with a need for ‘supportive parenting’ (HFE Act 2008). The revised Act also strengthened the right to legal parentage following ART, including surrogacy (section 54) for those in a same-sex relationship or to two persons who are living as partners in an enduring family relationship and are not within prohibited degrees of relationship to each other. How society recognises committed relationships and assesses what constitutes a healthy and nurturing family environment are debatable issues. However, these changes to Section 54 of the HFE Act (2008) meant same-sex couples were now eligible to apply for a Parental Order, whilst single people remained excluded (The HFE [Parental Orders] Regulations 2010). Whilst the 2008 HFE Act reforms removed the discrimination against all unmarried couples, and legalised non-profit making surrogacy agencies, some have highlighted a missed opportunity to further modernise surrogacy laws, and questioned the “fit for purpose” claims made (Horsey & Sheldon, 2012; Ghevaert & Cabeza, 2014).

1.3.2 Parental Responsibility

Parental status does not always automatically carry with it parental responsibility. Parental responsibility is defined as the rights, duties, powers and responsibilities that most parents have in respect of their children (British Medical Association, 2008: p1). Parental responsibility, for example, being able to make decisions about a child's medical treatment, can be revoked or transferred to the local authority dependent on the parenting capacity of the parent. The transferring of parental status differs across countries. In the US, some states authorise pre-birth or post-birth orders for intended parents establishing a legal relationship between the intended parents and the child upon birth, removing the need for adoption proceedings (Crockin & Altman, 2013). However, in the UK, surrogacy agreements are unenforceable, and the surrogate remains the legal mother of the child and has parental responsibility unless, or until, parenthood is transferred to the intended parents, via a Parental Order or adoption after the birth of the child (Surrogacy Arrangements Act, 1985). This is a key legal issue in surrogacy arrangements as intended parents are not legal parents from birth. Whilst they are likely to have custody of the child, until the granting of a Parental Order, they do not have parental responsibility.

In the UK, the surrogate has the legal right to change her mind and keep the child, even when the baby she gave birth to is not genetically related to her. The birth parents must give full, free and unconditional consent to extinguish their parental rights, and this cannot be given until six weeks after the birth. A court application for a Parental Order has to be made within six months from the date of birth of the child, although the recent lifting of the six-month deadline by judicial discretion has now created the opportunity for people to apply late if they were unaware of the need to apply previously. To obtain a Parental Order, the court must be satisfied that specific conditions have been met (see Figure 3). In the UK, only those who qualify as legal parents can be named on the birth certificate. After a Parental Order is granted, the original birth certificate is replaced with a new birth certificate that names both intended parents. This enables both men in a same-sex relationship to be recorded as parents (HFE (Parental Orders) Regulations, 2010).

- The conception must have taken place by embryo transfer or artificial insemination
- One or both of the applicants must be the child's biological parent
- Applicants must be over 18 and must be married, civil partners or living together as partners in an enduring family relationship
- The intended parents must submit the application to the court within the six months after their child is born
- At the date of application and the date the order is made the child must have his or her home with the intended parents
- At the date of application and the date of the order, one or both of the intended parents must be domiciled in a part of the United Kingdom, Channel Islands or Isle of Man
- The surrogate and her spouse must fully and freely consent to the order (unless they cannot be found or are incapable of giving consent). The surrogate cannot validly consent until the child is six weeks old
- No more than reasonable expenses must have been paid, or the court must agree to 'authorise' the payments retrospectively.

Figure 3: Parental Order Criteria.

1.4 Surrogacy Pathway

The Department of Health and Social Care (DHSC) (2018) recently published guidance on surrogacy for surrogates and intended parents in England and Wales, stating that:

“Surrogacy is a pathway, starting with deciding which surrogacy organisation to work with, deciding which surrogate or intended parents (IPs) to work with, reaching an agreement about how things will work, trying to get pregnant, supporting each other through pregnancy and then birth, applying for a Parental Order to transfer legal parenthood and then helping your child understand the circumstances of their birth” (DHSC, 2018: 4) (See Figure 4).

The amount of professional and/or medical assistance or input needed during a surrogacy arrangement depends on the type of surrogacy chosen, the geographical location of that arrangement, and individual circumstances.

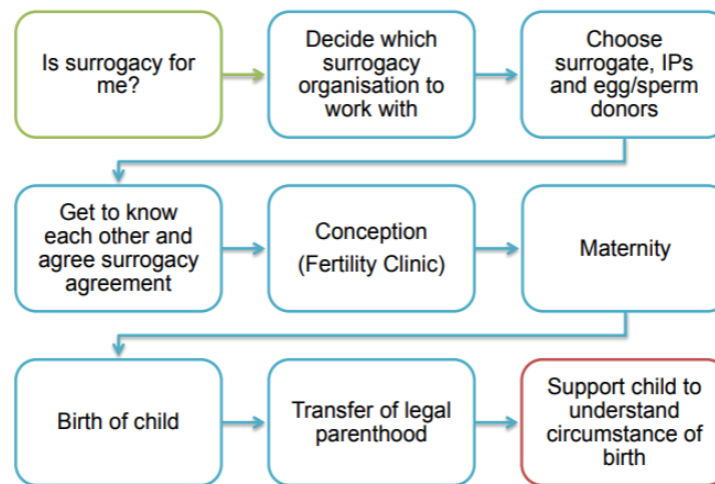


Figure 4: Surrogacy Pathway (Department of Health and Social Care, 2018).

1.4.1 Seeking Surrogates

Surrogates may be previously known or unknown to the intended parents. Where family members are involved, this may be intra-generational, for example between sisters or cousins of similar ages, or intergenerational, when a mother acts as a surrogate for her daughter (Söderström-Anttila et al., 2002). Unknown surrogates are usually found through agencies that specialise in recruiting women to become surrogates, such as in commercial surrogacy services overseas, or charitable surrogacy organisations, such as in the UK. The surrogate eligibility criteria differ across countries; whilst the Practice Committee of the ASRM (2015) has published recommended criteria for gestational surrogates, there is no equivalent criteria provided by the HFEA, as they do not regulate surrogacy within the UK. However, Brilliant Beginnings, a UK not-for-profit surrogacy organisation (see below) outline criteria on their website (see Figure 5).

- In good health, with an optimum BMI of between 19 and 28 (maximum 35 and minimum 19)
- Non-smoker
- No medical problems or not on any medication which could put the surrogate or the child at risk during pregnancy
- Upper age limit of 50 although, given the greater risk of pregnancy complications with increased age, surrogates over 35 may need extra medical screening
- Aged over 18 and only in exceptional cases under the age of 21
- Had one successful pregnancy resulting in a child
- Be well supported and in a stable living situation
- Undertake a Disclosure and Barring Service check
- Screened and counselled as being emotionally fit

Figure 5: Surrogate Eligibility Criteria (Brilliant Beginnings, 2017).

Since the mid-nineties, a range of US agencies started to offer surrogacy services for same-sex couples. Over time, organisations in countries, such as Canada, India and Thailand, started to advertise similar surrogacy support (Bergman et al., 2010). Prior to these surrogacy agencies being willing to work with same-sex couples, gay men had to approach female friends or family members to act as their surrogate, or place advertisements for surrogates in newspapers (Lev, 2006). Although intended parents may still choose to organise independent arrangements with a surrogate, many seek the help of a surrogacy agency to try to minimise potential legal complications, despite this increasing the overall cost of their surrogacy arrangement.

In the UK, in accordance with the Surrogacy Arrangements Act 1985 and the HFE Act 1990, it is illegal for an individual or agency to act on a *commercial* basis to organise or facilitate a surrogacy arrangement for another person. This restriction is challenging for intended parents seeking a surrogate, and informal UK arrangements have been described as fraught with risk and vulnerability (Gamble, 2016). Some intended parents and surrogates advertise on independent online surrogacy forums and Facebook groups, despite this

breaching the law, which appears unenforced (Prosser & Gamble, 2016). This complex situation leads many couples to access the support of a UK charitable, not-for-profit surrogacy organisation. There are currently three such organisations within the UK⁴ that bring together women wanting to act as surrogates and intended parents: COTS [Childlessness Overcome through Surrogacy] which was founded in 1988 by Kim Cotton; Surrogacy UK; and Brilliant Beginnings. Surrogacy organisations screen potential surrogates to ensure they are physically and emotionally suitable to take on this role, and provide on-going support in the form of a “mediator” for each party. Mediators will often have either been a surrogate or an intended parent in the past (Surrogacy UK, 2010).

1.4.2 Seeking Egg Donors

In gestational surrogacy egg donors may be known to the recipient, or anonymous donors who are either volunteer ‘altruistic’ donors or commercial paid donors (Bracewell-Milnes et al., 2016). Some intended parents may seek treatment abroad, in countries where donor eggs may be more readily available (Hudson & Culley, 2011), thus providing more choice in relation to phenotype matching. However, depending on the legislation in force, donors can either remain anonymous or agree that their identity will be available to recipients or resultant offspring when the child reaches a specified age. As the child will be genetically related to the egg donor, intended parents need to consider where they undertake their surrogacy arrangement if they have a preference for either an identifiable or anonymous egg donor.

In the UK, the law changed in April 2005, allowing those conceived through gamete donation to access identifiable information about their donor once they reach the age of 18. Donors and recipients are not permitted to learn each other’s identities, either at the time of donation or subsequently (HFEA, 2004). This shift from anonymous donation to identity release was largely in recognition of the potential importance of the donor’s identity to the donor-conceived offspring (Scheib & Cushing, 2007). Although UK law clearly states that gamete donors have no parental rights or responsibilities, their relationship to the offspring is seen as significant, unlike that of previous anonymous

⁴ Correct at the time of writing

donors (Speirs, 2008). Evidence is now starting to emerge about how gay surrogacy families view egg donors and their future role within these families (see section 2.7.5).

1.5 Ethical Issues of Surrogacy

Having discussed the surrogacy process and benefits it offers to those unable to gestate a pregnancy, it is also necessary to consider some of the ethical issues surrounding this practice. Surrogacy continues to raise debate worldwide among academics, medical ethicists and policy makers, regarding the complex social, emotional and moral factors associated with third party reproduction (Pande, 2010; Palattiyil et al., 2010; Teman, 2010; Jadvia et al., 2003; Imrie and Jadvia, 2014; Pande, 2014a). Surveys indicate that a range of groups, including college students (Dunn et al., 1988; Lasker and Borg, 1994), and British women (Poote & van den Akker, 2009) consider surrogacy to be the least acceptable form of assisted reproduction, perhaps as it is perceived to fragment traditionally held beliefs regarding family and motherhood (Teman, 2010). Despite this reported general disapproval of surrogacy, there is a slightly higher level of acceptance of gestational surrogacy where there is no financial gain (Suzuki et al., 2006). However, it is important to point out that these studies are now dated; more research is needed to establish if societal attitudes to this form of family building have changed.

Concerns have been raised about the risk of custody disputes between the surrogate and the intended parents (Twine, 2015). The recent reported case of Baby Gammy, in which an Australian commissioning couple were accused of abandoning a child born with Down's syndrome following a surrogacy arrangement in Thailand (BBC News Asia, 2014; Schover, 2014) has served to reinforce these concerns. Blyth and Farrand (2004) have also questioned the effect of third-party assisted reproduction on children's psychological development and family functioning⁵, resulting from secrecy about the child's conception, and children not having access to information about their genetic origins. However, such concerns are largely derived from limited experience of adoptive or step-families and suggest that problems of child adjustment are more related to circumstances associated with adoption rather than the absence of a biological link (Golombok, 2012).

⁵ Discussed in more detail in Chapter Three

Opponents of surrogacy argue that it commodifies women and children: reducing or assigning women to a new breeder class, as “wombs for rent” and akin to prostitution (Dickenson, 2009; Hamilton and Devlin, 2009; Pfeffer, 2011) and leads to ‘commercial baby-selling’ (Neuhaus, 1988; Kornegay 1990). Feminist concerns also relate to the possibility of exploitation and coercion of women to act as surrogates (Tieu, 2009; Pande, 2011; Deonandan, Green & van Beinum, 2012). Economic exploitation of women from poorer backgrounds who may feel coerced into egg donation or surrogacy for financial inducements, but who may be poorly informed of the physical and psychological risks they may be exposed to, are also significant concerns (Ginsberg and Rapp, 1995; Brazier, Golombok & Campbell, 1997; Riggs & Due, 2010). It is important to acknowledge the physical risks of pregnancy and obstetric complications, which are increased by the potential of multiple pregnancies, as well as the possible psychological impact for the surrogate in relinquishing the baby (FIGO, 2008). Socio-economic inequalities between the women acting as surrogates and the commissioning couples using this service have magnified these concerns of exploitation in international surrogacy arrangements, especially in countries such as India and Thailand (Chavkin, 2010; Whittaker, 2010), where a lack of regulation may fail to safeguard these women’s rights, or provide adequate aftercare to address their physical and mental health interests (Blyth & Auffrey, 2008).

Conversely, proponents have refuted the arguments relating to commodification and exploitation, suggesting this view strips away women’s agency and proposing instead that women should be acknowledged as having autonomous control over their own bodies (Purdy, 1992). Global commercial surrogacy arrangements have been portrayed as a mutually beneficial, win-win situation for both the surrogate and the commissioning parents (McLachlan and Swales, 2001; Hochschild, 2009) by helping the intended parents have a much-wanted child and providing a source of income for the surrogate. Pande (2010) calculated that the amount of money a woman in India can earn from one surrogacy pregnancy was roughly equivalent to five years of their total family income. Surrogacy arrangements may empower rather than exploit the surrogate, and some Western studies report a very positive experience for most surrogates (Jadva et al., 2003; Edelmann, 2004; van den Akker, 2007; Teman, 2010). However, the use of surrogacy may be seen as more controversial when used by gay men as this potentially challenges

normative assumptions and societal prejudices surrounding sexuality, parenting roles and traditional family formations (Lynch & Morison, 2016).

1.6 Surrogacy Prevalence

Surrogacy appears to have risen in profile and prevalence since the first British same-sex male couple became parents via surrogacy in 1999 (Woodward, 1999). In 2016, it was reported that the UK's three non-profit surrogacy organisations had all closed their waiting lists for those seeking surrogacy as there were insufficient numbers of surrogates to match the demand (Gamble, 2016). However, it is unknown how many of these requests were from same-sex male couples. There remains limited evidence about the incidence and nature of surrogacy arrangements, and figures differ considerably by source (Horsey, 2015). Unlike most third-party assisted conception, surrogacy does not fall within the remit of the HFEA. The HFEA Register of fertility treatment only records when a patient acting as a surrogate receives fertility treatment at an HFEA-licensed centre. It is therefore difficult to ascertain the numbers of UK surrogacy cases, or more specifically the number of gay male couples using surrogacy to achieve parenthood, as not all surrogacy cases take place within a licensed fertility clinic, and there is no current requirement or means in the UK to collect data on private agreements. In addition, there is no systematic method of capturing data relating to those people who travel to different countries to access treatment, or cross-border surrogate births.

Parental Order applications may be a way to establish trends, as they record the number of requests for transfer of legal parentage status from surrogates to commissioning parents. There has been a marked increase in the number of Parental Orders, rising from an annual number of 33–50, since their inception in 1995 (Crawshaw, Blyth & van den Akker, 2012) to 189 applications in the UK between 2013 and 2014, concerning 238 children (Children and Family Court Advisory and Support Service [CAFCASS], 2015). The majority of arrangements (78.5%) were gestational arrangements with 21.5% of cases being traditional; 59.5% of surrogacies being domestic and 40.5% international. These statistics show that 22.2% of the Parental Order applications were from same-sex male couples, but there is no detail provided as to the type or geographical location of these

specific cases (CAFCASS, 2015). However, a survey of UK HFEA-licensed centres highlighted that clinics offering surrogacy had seen an increase in the numbers of surrogacy enquiries from same-sex male couples since 2010 (Norton et al., 2015), with additional evidence suggesting that within the UK, about one fifth of all surrogacy cases are undertaken for same-sex male couples (Horsey, 2015).

Whilst these data help to support previous anecdotal evidence of an increase in domestic and cross-border surrogacy from both heterosexual and same-sex couples, it has been suggested that there may be at least one thousand children born annually through overseas surrogacy arrangements whose parents do not subsequently apply for Parental Orders (Blyth, Crawshaw & van den Akker, 2014). Therefore, there remains no current universal mechanism with which to accurately record or map surrogacy activity.

1.7 Justification for the Study and Research Aims

In 2016, around 2% of the population of the UK identified themselves as lesbian, gay or bisexual (Office for National Statistics, 2017a). The number of children living in same-sex couple families is difficult to quantify because the number is too small to accurately estimate from the limited data. However, it has been suggested that in the UK there are around 20,000 same-sex couple families (of all types) with dependent children (House of Commons, 2018: p7). Whilst these data estimates can illustrate trends in families they do not differentiate between the gender of same-sex families and the ways in which these families were achieved. Research on gay men and fatherhood is growing but there is a dearth in relation to the interest that has been devoted to lesbian mothers (Rabun & Oswald, 2009; Bergman et al., 2010). Although gay men have been reported to endorse the value of parenthood just as strongly as their heterosexual counterparts (Riskind & Patterson, 2010), studies suggest that many gay men who desire children are less likely than heterosexual men to intend to have them (Riskind & Patterson, 2010; Shenkman, 2012; Baiocco & Laghi, 2013). This raises questions about the factors that influence men's desire for parenthood, what motivates them to act upon this desire, and why men choose surrogacy over other family building options such as adoption or co-parenting. Concepts of

procreative consciousness and responsibility⁶ (Marsiglio, 1991), originally designed to explore how young heterosexual men become aware of their ability to procreate and its meaning for them over time, will be applied to understand gay men's thoughts and feelings about family building. By extending these concepts to the lives of gay men, it will be possible to establish the extent to which normative assumptions about procreation and raising children may marginalise gay men in terms of their planning for parenthood, and ways of enacting their parental rights and responsibilities.

The social and legal contexts in which men become parents and create families have expanded. Advances in ART have somewhat blurred the social and traditional boundaries of reproduction and parenting, creating new opportunities for gay men to not only achieve parenthood, but become biological parents. The emergence of gestational surrogacy in the US in 1985 (Utian et al., 1985), and the birth of the first surrogacy child for gay parents in the US in 1996, has enabled gay men to pursue surrogacy in ways not previously possible (Murphy, 2013). However, to date, gay fatherhood achieved through ART is an under-researched area, both in the UK and internationally. Most of what is currently known comes from studies in North America, Australia, and Italy. Further research is needed to establish the ways in which the changing landscape of legal, social and technical possibilities influences UK resident gay men's motivations to become parents. Research is also needed to explore the extent and experiences of gay men pursuing surrogacy in the UK where commercial surrogacy is illegal, to illuminate the impact of legislation, and the potential obstacles men may face within this specific legal and socio-cultural context.

Very little is known about UK resident men's experiences of the surrogacy process or their interactions with surrogates, healthcare staff, or other stakeholders they encountered during their surrogacy journey, and the ways in which these people may facilitate or limit men's access to surrogacy. Drawing upon Critical Kinship Studies⁷ (Kroløkke et al., 2016; Riggs & Peel, 2016) allows a lens through which to critique heteronormative institutions and structures within healthcare services (Fish, 2008), to contribute to theory development and nursing scholarship. A critical approach facilitates reflection on the ways

⁶ Discussed in detail in Chapter 3

⁷ Discussed in Chapter 3.

in which social structures and relations impact upon men's experiences of surrogacy, and whose interests are supported and whose are marginalised within healthcare (Riggs & Due, 2018: 9). This lens will be used to examine the extent to which healthcare provision and policies, for example UK maternity services, are inclusive of all prospective parents.

This thesis aims to address the following research questions:

- What are the motivations and experiences of gay men who have, or are considering, parenting via surrogacy?
- Who or what are the key stakeholders involved in the surrogacy process?
- What roles do these stakeholders play in facilitating or limiting the use of surrogacy by gay men?
- What interactions take place between gay men and identified stakeholders during surrogacy arrangements?
- What are the implications of this phenomenon for policy and practice in the UK healthcare system?

1.8 Thesis Terminology

A plethora of acronyms and terminology are used to describe and define lesbian, gay, bisexual, transgender/transsexual, and queer/questioning (LGBTQ) communities (Lee, Ylioja & Lackey, 2016). However, it is recognised that such terms are limiting. People may not always identify with the given labels, sexual identity may be fluid, and such labels foreground sexual identity over other identities (Fish, 2008). However, there is no consensus on correct terminology to use to describe “non-heterosexual” family relationships (Gabb, 2005; du Chesne & Bradley, 2007; Dempsey, 2013a). In this thesis the terms “lesbian”, “gay” and “heterosexual” are used as these were the terms that the participants used to describe their own sexual identity and that of others. However, when citing published studies, the terminology referring to sexual orientation/identity will match that used in the original study.

A variety of terms are also applied to the woman who becomes pregnant and gives birth with the intention of relinquishing the child to another. Phrases such as “surrogate mother”, “gestational carrier”, or “host mother”, may be preferred by some scholars over the term “surrogate,” (Beeson, Darnovsky & Lippman, 2015). It has been suggested that the terminology chosen is selected to downplay certain relationships or issues while emphasizing others (Pande, 2014b). In this thesis, the term “surrogate” is used for purposes of brevity and clarity, and to adopt a neutral position in regard to how this relationship may be perceived within families, in line with European Society of Human Reproduction and Embryology (ESHRE) guidance (Shenfield et al., 2005). The term “surrogacy” will be used to refer to both traditional and gestational surrogacy, unless otherwise stated. Additional terms used in this thesis are explained either within the context of the discussion, as footnotes, or in the glossary.

1.9 Structure of this Thesis

The thesis has nine chapters. Following this introductory chapter, Chapters Two and Three provide a critical discussion of the salient academic literature and debates which contribute to and help contextualise the phenomenon of gay men’s use of surrogacy to achieve parenthood. Chapter Four discusses the methodological approach, justifies the chosen research method, and describes the process and participants in the study. Chapter Five and Chapter Six present data from in-depth, face to face interviews with 21 men (7 couple interviews; 6 interviews where one man represented the couple; and 1 interview with a single man) who self-identify as gay and who have used surrogacy, or were considering surrogacy, to become fathers. Chapter Five presents the men’s accounts of their motivations for parenthood, and their perceptions of surrogacy as their preferred pathway to parenthood. Chapter Six explores the participants’ reproductive decision-making regarding the various aspects of their surrogacy arrangement.

Chapter Seven presents data from interviews with both the men who had sought surrogacy and from fifteen key stakeholders involved in the surrogacy process, to illustrate these interactions and experiences of the surrogacy journey. This chapter examines the roles that individual, social and political actors may play in facilitating or limiting the use of

surrogacy by gay men. In Chapter Eight the findings are synthesised and discussed in relation to the existing literature, concepts of procreative consciousness and procreative responsibility (Marsiglio, 1991), and Critical Kinship Studies (Kroløkke et al., 2016; Riggs & Peel, 2016), reviewed in Chapter Three, to provide a nuanced understanding of the phenomenon of gay men's use of surrogacy to achieve parenthood. The discussion builds upon and further develops these concepts to examine how gay men resident in the UK develop their procreative consciousness in a jurisdiction where gamete donation is highly regulated and commercial surrogacy is illegal. This chapter sets out the original contribution to knowledge by further developing the framework of procreative identity (Marsiglio, 1991) to include a domain of 'procreative boundaries' that gay men must navigate and negotiate to be able to realise their parental aspirations. The final chapter, Chapter Nine, presents the conclusion to the study and provides recommendations for healthcare policy and practice and further research in this field.

Chapter Two: Gay Men's Use of Surrogacy as a Pathway to Parenthood: Research Literature

2.1 Introduction

Chapter one detailed how surrogacy, as a method of family building has risen in profile and prevalence. The introductory chapter also outlined the complexity of surrogacy arrangements and the ethical, social and legal tensions and challenges they pose. This is the first of two chapters which locates the present study within the existing body of empirical evidence and the current debates to which this study will contribute. This chapter provides a comprehensive review of the literature directly related to the research questions outlined in the introduction chapter. The chapter begins by describing the strategy used to access this literature. Following this, a critical narrative review of the limited body of primary research on the use of surrogacy by gay men is presented to contextualise the current study and highlight its contribution to the present body of knowledge.

2.2 Search Strategy used for the Literature Review

In October 2011, and updated in July 2017, an English language title search was conducted to identify published papers that examined gay men's use of surrogacy to achieve parenthood. As this was an exploratory study on a relatively new phenomenon the initial search was as broad as possible, and included worldwide literature from disciplines including social science, health, medicine, psychology, and anthropology, and both qualitative and quantitative approaches, to provide as comprehensive a picture as possible. There were no imposed date restrictions. Appropriate search terms were constructed by reviewing abstracts, titles and key words from a sample of papers relating to the subject area that was already known to the researcher. The primary terms used initially were "surrogacy", "assisted reproductive technologies and gay men", and "gay fathers". The definition of 'gay men' was considered broadly; search terms and different spellings were taken into account. The primary terms used were also expanded, as shown in Table 1, to include similar and related terms. A total of 15 databases were searched. In

addition, key internet sites were examined including, the HFEA and Stonewall, to search for any grey literature on the subject. Table 1 outlines the databases searched, and the words and phrases grouped together and entered in various combinations to each of the databases, using Boolean operators to connect the combination of terms.

The article titles were screened for relevance; where the title suggested that the article might address the study objectives (see section 1.7), abstracts were then reviewed. Only papers relating to gay men's use of surrogacy were included; papers only examining the general legal or medical aspects of surrogacy (not relating to gay men) were excluded, with no date limit. In some cases, it was not explicit in the article if surrogacy related to gay men, heterosexual couples or both, and therefore, if the article offered some insight to the objectives of the study it was included. In addition, reference-chaining (Dixon-Woods et al., 2006) was employed to help identify any additional related literature. As this was an emerging area of research, alert systems were also set up for the duration of the study to track newly published studies in the field.

The literature search produced a total of 36 publications that had gay men and surrogacy as the central focus. This included 19 peer-reviewed journal articles (Bergman et al., 2010; Tuazon-McCheyne, 2010; Greenfeld & Seli, 2011; Grover et al., 2013; Dempsey, 2013b; Murphy, 2013; Ressler et al., 2014; Ziv & Freund-Eschar, 2015; Baiocco et al., 2015; Riggs, Due & Power, 2015; Blake et al., 2016; May & Tenzek, 2016; Blake et al., 2017; Carone, Baiocco, & Lingardi, 2017a; 2017b; Carone et al., 2017; Golombok et al., 2017a; Smietana, 2017; Nebeling Petersen, 2018), 9 commentaries (Hollandsworth, 1994; Barton & Hibbs, 2000; Orentlicher, 2001; Robertson, 2004; Lev, 2006; Mitchell & Green, 2007; Greenfeld, 2007; Riggs & Due, 2010; Riggs & Due, 2014), 1 published conference abstract (Allahbadia et al., 2008), 2 books (Bigner & Menichiello, 2006; Murphy, 2015) and 5 book chapters (Berkowitz, 2013; Smietana et al., 2014; Majumdar, 2016; Riggs & Dempsey, 2015; Dempsey, 2015).

Another nine papers exploring gay parenting included surrogacy as one of the parenting pathways, but it was not the main focus (Mallon, 2004; Schacher, Auerbach & Silverstein, 2005; Stacey, 2006; Berkowitz & Marsiglio, 2007; Mitchell & Green, 2007; Berkowitz, 2008;

Databases searched	Surrogacy related terms	Boolean operator	Gay men related terms	Boolean operator	Social related terms
<ul style="list-style-type: none"> • Academic Search Premier • Applied Social Sciences Index & Abstracts • British Nursing Database(formerly British Nursing Index with full text) • CINAHL Plus with full text • Cochrane Library • COPAC • International Bibliography of Social Sciences • IngentaConnect • Medline (EBSCO) • PsycINFO • PsychARTICLES • Scopus • Science Direct • Web of Science (formerly Web of Knowledge) • ZETOC 	<ul style="list-style-type: none"> • Surroga* • Gestat* surroga* • Traditional surroga* • Infertil* • Fertil* • IVF • In vitro fertili*ation • Reproduc* • Egg don* • Sperm don* • Procreat* • Conception • Assisted conception • Donor conception • Childlessness • Reproduct* technolog* • Assisted Reproduct* techn* • Family building • Third-party reproduct* 	AND	<ul style="list-style-type: none"> • Gay • LGBT* • Same-sex • Male • Homosexual* • Men* • Man* • Masculin* • Gender • Sexuality • Father* • Gay father* • Parent* • LGBT famil* • LGBT parent* • Kin* 	AND	<ul style="list-style-type: none"> • Desire • Wish • Experience • Motivation • Perceptions • Perspectives • Intent* • Decision-making • Reasoning • Plan*

Table 1: Databases and Search Terms.

Lewin, 2009; Ryan & Berkowitz, 2009; Dempsey, 2010). Given the limited amount of empirical work currently available, this review includes details of these papers, as well as the conference abstract, commentaries and books/chapters where appropriate.

2.3 Chronological Critical Review of the Literature

The literature collected following the two database searches is presented chronologically in order of their publication date, to highlight changes in socio-historical contexts, the shift in thinking about surrogacy as a means of family building for gay men, and to emphasise how research on this specific topic has developed over time. However, publications have significantly increased within the last seven years, so these publications have been thematically organised to illustrate the focus of contemporary surrogacy: (1) decision-making and experiences of surrogacy; (2) the significance of biogenetic paternity; (3) motivations for surrogacy as a parenting pathway; (4) cross-border surrogacy considerations; and (5), on-going relationships, disclosure and child outcomes. A critical narrative review of the resulting literature will now be presented.

2.4 Mid 1990s – Mid 2000s: Exploring Legal Parameters of Surrogacy

It was not until the mid-1990s that literature started to include reference to emerging possibilities for gay men to achieve parenthood via surrogacy. Four legal commentaries from the US were published between 1994 and 2004 (Hollandsworth, 1994; Barton & Hibbs, 2000; Orentlicher, 2001; Robertson, 2004). Hollandsworth (1994) appears to have been the first published paper to examine what was conceivable and admissible within the boundaries of gay fatherhood via surrogacy. The papers that followed (Barton & Hibbs, 2000; Orentlicher, 2001) also focused on discussion of the current and future surrogacy related options for gay men, legal perspectives, practicalities that may be encountered when embarking on a surrogacy arrangement (Hollandsworth, 1994), and ways for same-sex male couples to tighten the legal relationship with their children (Barton & Hibbs, 2000). Robertson's (2004) commentary examined the extent to which procreative rights extended to the use of assisted reproduction to create families, and argued that if such a

right existed, restricting access to such services affected equality issues for non-heterosexual couples.

Gay men's use of ART was still in its infancy at this time hence papers tended to be debate or commentary contributions exploring hypothetical questions about the plausibility of surrogacy for men wanting to become fathers. The four papers discussed above suggest that whilst the technical landscape was progressing to enable same-sex couples to have genetically related children, and US law had started to address the rights of lesbian families, such legal parameters failed to acknowledge gay men's desires to create their own families. The exclusion of gay men and their children from the definition of families and parents may help to explain the lack of empirical data to indicate the demand for surrogacy provision at that time. Consequently, little remained known about the practical issues that arise for gay men using surrogacy and how the legal landscape at that time may have influenced men's motivation to parent or their chosen path to parenthood.

2.5 Mid 2000s to 2007: Sharing Personal Experiences

Whilst earlier publications addressed the existing legal landscape and feasibility of surrogacy as a means of gay men achieving parenthood, surrogacy literature in the mid-2000s was based on personal narratives and commentary on men's surrogacy journeys; all originating from the US (Bigner & Menichiello, 2006; Lev, 2006; Mitchell & Green, 2007; Greenfeld, 2007). Professionals working within the fields of counselling and psychotherapy were documenting their experiences of working with men who had become parents via surrogacy (Lev, 2006; Mitchell & Green, 2007). Lev (2006), a family therapist specialising in working with LGBT families, claimed that there had been a surge in men seeking fatherhood explicitly through surrogacy since around the early 2000s and reported the main reason that men had chosen surrogacy to become parents was to have a biological connection to the child. These men maintained a positive and respectful relationship with their surrogate, and despite being less popular than adoption at that time, the men perceived surrogacy to be a viable option for other prospective fathers. Mitchell and Green (2007), both psychotherapists, drew upon their clients' experiences as parents to explore some of the common psychological and social challenges gay and lesbian couples

face when using ART to enable one partner to be a genetic parent to the child. The authors recognised the uniqueness of this client group and the lengthy, complex journey of choices these couples must negotiate to become parents. These couples needed to reconcile their decision-making, in relation to which partner would be the biological parent, and ways of managing this potential inequality in the couple relationship, as well as being able to navigate others' questions and assumptions about their family formation. Although these accounts act as a useful timeline for demonstrating a shift in parenting possibilities for gay men, these are small samples based on individuals' unique experiences and perspectives. This evidence centres on personal impressions from US family therapy case-studies and may not reflect the experiences of men resident within the UK.

With the developing technological landscape and availability of gestational surrogacy, alongside these emerging personal narratives, surrogacy was evolving as a plausible reality for gay men in the US during this period. American newspaper reports (Miller, 2000; Boodman, 2005; Sack, 2006) suggested that some fertility clinics were openly welcoming gay men into their practices. Greenfeld's (2007) commentary paper examined whether fertility centres should assist gay men with surrogacy, and questioned why US fertility centres, that routinely accepted and assisted lesbian couples to become parents, may view gay men's request for ART less favourably. She posited that entrenched stereotypes, and social prejudices of gay fathers as sexual predators, may be a reason for this reluctance, and suggested the need for treatment guidelines that considered medical, legal, and psychological issues that are unique to gay male couples seeking ART. Whilst this paper debated inequality in accessing ART services within the US, there remained a lack of empirical evidence relating to gay men's use of surrogacy, and gay men's experiences of accessing ART within the UK remained unknown.

2.6 2008 to 2010: Empirical Data Emerging

It was only from 2008 onwards that empirical data began to be published. Three papers, from India (Allahbadia et al., 2008), the US (Bergman et al., 2010), and Australia (Tuazon-McCheyne, 2010), provided the first indications of clinical outcomes and experiences of

men accessing surrogacy to become parents. Allahbadia et al's (2008) conference abstract reported a review of case notes of same-sex male gestational surrogacy cases undertaken at their clinic in India between 2005 and 2007. The 12 commissioning same-sex couples were from six different countries in Europe and North America (although the authors do not clarify which countries), which adds to the previous anecdotal evidence on couples crossing borders for surrogacy (Gamble, 2009). The authors reported various clinical outcome measures such as the number and grade of embryos transferred and clinical pregnancy rate per cycle. Whilst this provides useful clinical evidence that surrogacy can be an effective means of gay men achieving parenthood, the abstract lacks detail; no information was provided regarding the men's motivations for choosing to parent via surrogacy, why they specifically chose to travel to India for their treatment, or details of their experiences of the process.

Tuazon-McCheyne's (2010) and Bergman et al's (2010) papers are significant in being the first studies to position surrogacy as a technological advancement facilitating gay men to become parents on a par with heterosexual couples and lesbian couples. Tuazon-McCheyne's (2010) qualitative study involved a co-operative inquiry action research group that was formed to explore men's journeys to parenthood and their politicisation as gay fathers. The sample group of seven couples consisted of 13 men who had all conceived at least one child via surrogacy. All the participants had undertaken surrogacy in North America. The co-operative inquiry approach captured the participants' reflections on key issues faced by gay fathers and their recommendations for creating smoother pathways and additional guidance for other prospective fathers. This paper provides some insight into the importance men placed on 'coming out' to address discriminatory social attitudes and their perceptions of the importance of role models, social networking and support systems. It suggests that the usual sources of support may not be appropriate; the setting up of a specific network provides a way of connecting with and increasing the visibility of gay fathers, thus preventing feelings of isolation for men and their children. This Australian study employed a small purposive sample of politically motivated men, and therefore the reported findings may differ considerably for other gay fathers in Australia or in other countries with stricter policies.

Bergman et al's (2010) US study provided the first empirical data investigating gay men's experience of the transition to parenthood following surrogacy. This exploratory qualitative study employed structured face-to-face or telephone interviews with one of the partners in 40 committed gay couples who became parents using gestational surrogacy, and explored how these men experienced the transition to parenthood. This study provided a first step towards learning more about how various aspects of gay men's lives changed after becoming fathers via surrogacy, but the focus is on how they experience the transition to parenthood rather than their reasons for choosing this option. Key findings from this study were the heightened self-esteem resulting from becoming parents and raising their children, and the reported increased closeness with their families of origin. However, the authors employed structured telephone interviews which may have restricted participants' responses to pre-determined questions, and limited opportunity to prompt participants for further details. Additionally, the authors did not report how many of the 40 interviewees were biological fathers, and how many were non-biological fathers, which may also have affected the findings. It is unclear whether similar findings are also reported by gay men becoming fathers via adoption, or in heterosexual couples who become parents via surrogacy. Both studies (Tuazon-McCheyne, 2010; Bergman et al., 2010) are further limited in that, due to the cost of surrogacy, only those on higher incomes may be in a position to consider this option. The findings from these studies cannot be generalised beyond this demographic group, but may be representative of the increased number of gay men pursuing surrogacy to achieve parenthood.

2.7 2011 Onwards: Contemporary Surrogacy

Since 2010, more detailed empirical data have emerged about gay men's use of ART and surrogacy (Greenfeld & Seli, 2011; Grover et al., 2013; Dempsey, 2013b; Murphy, 2013; Ressler et al., 2014; Ziv & Freund-Eschar, 2015; Baiocco et al., 2015; Riggs, Due & Power, 2015; Blake et al., 2016; May & Tenzek, 2016; Blake et al., 2017; Carone, Baiocco, & Lingardi, 2017a; 2017b; Carone et al., 2017; Golombok et al., 2017a; Smietana, 2017; Nebeling Petersen, 2018). Given this more recent developing body of evidence providing further detail about men's motivations and experiences (the objectives of the current study) a thematic analysis was conducted on studies since 2010. This resulted in the

following themes: decision-making and experiences of surrogacy; the significance of biogenetic paternity; motivations for surrogacy as a parenting pathway; cross-border surrogacy considerations; and on-going relationships, disclosure and child outcomes. Each theme will now be explored in turn.

2.7.1 Decision-making and Experiences of Surrogacy

From 2011 to 2013, three papers from North America (Greenfeld & Seli, 2011; Grover et al., 2013; Ressler et al., 2014) provided clinical data about the decision-making of gay men who were accessing ART, in the context of which man would provide the sperm, and how the couple selected egg donors and surrogates.

Greenfeld and Seli (2011) reported on an US clinic's experience with fifteen same-sex male couples (12 from US, 2 from Europe, 1 from Canada) who sought gestational surrogacy over a three year period. The qualitative observational study showed that men selected egg donors who were educated, attractive and tall, with physical characteristics resembling the non-inseminating partner. When deciding which partner would provide sperm for insemination, in three couples (20%), both men wanted to be biological parents so chose to inseminate equal numbers of eggs. The remaining twelve couples decided on one partner based on the following factors: the older partner (6 cases); the partner with the strongest desire to be the biological parent (2 cases); in a further two cases, one partner had already fathered a child in a previous heterosexual relationship, so the non-parent partner was chosen, and the remaining two cases chose the partner they perceived had the "better genes" (p.227). Surrogates were a family member (1 case); a friend (2 cases), or found via an agency (12 cases). The study is limited by the small sample size, and it is unclear but appears that the data were in fact collected as part of the routine clinical assessment process rather than through standard research tools, limiting the explanatory potential of the findings.

A Canadian retrospective study (Grover et al., 2013) included 82 participants (22 couples and 7 single men from Canada: 9 couples from Israel; 2 couples and 1 single man from

France; two couples from the US, 1 couple from Australia, and 1 couple from the UK) who undertook gestational surrogacy at a Toronto fertility clinic between 2003 and 2011. The study explored a very narrowly defined notion of men's surrogacy programme decision-making, relating primarily to which male partner would be the sperm provider. Most couples (76%) used sperm from both partners to inseminate donor eggs; a much higher rate than the 20% of reported men in Greenfeld and Seli's (2011) study. Only nine couples (24%) chose to only use sperm from one partner, with seven couples choosing the older partner; in one case, one partner had a child from a previous heterosexual relationship, so the non-parent partner provided the sperm. No details were provided for the remaining couple. An anonymous egg donor was chosen by 87% of the sample, with 67.5% of these men choosing donors who were open to be contacted by the child after the age of 18. However, no other information is provided about egg donor selection or how men accessed surrogates.

Ressler et al's (2014) US retrospective qualitative survey used a self-administered questionnaire to investigate the experiences of 102 gay men (from three countries; the US, France and the Netherlands) and 51 gestational surrogates for same-sex male couples. Men prioritised surrogate selection based on previous successful pregnancies (32%), medical history (27%) and surrogates' attitudes towards gay men (27%), and egg donors based on a healthy medical history (73%); ethnicity or appearance (41%); and intelligence (32%). In most couples (77%), both partners' expressed a strong desire to be a biological father and therefore banked sperm. In 55% of cases, at least one embryo from each partner was transferred into the surrogate; higher than the 20% reported in Greenfeld & Seli's (2011) study, yet much less than the 76% of men in Grover et al's (2013) study. Despite low response rates, this study offered some insight into specific considerations for same-sex male couples within the antenatal and postnatal periods, including the health of the baby and the surrogate, and legal issues related to parentage rights. The majority of men (91%) felt supported by fertility staff and their legal representative, but less (33%) felt supported by their obstetrician and paediatrician. Within the sample of surrogates, 27% indicated a preference for working with gay couples and 64% would carry for the same couple again, whilst only 38% of the men wanted to use the same surrogate for a subsequent pregnancy. In contrast, all the men were interested in using the same egg

donor for a subsequent pregnancy. This preference for using the same egg donor for future siblings has also been reported in other studies (Dempsey, 2013b; Murphy et al., 2013) so children can be genetically related to each other.

These three studies are all based on clinical data and lack any detail on men's motivations for, or experiences of using ART, and their desired characteristics for a surrogate. As there was only one UK couple recruited to these three studies, little remains known about UK residents' decision-making in surrogacy arrangements and whether UK residents pursuing domestic surrogacy experience the same level of support from stakeholders involved in surrogacy practice.

May and Tenzek (2016) explored a different aspect of surrogacy decision-making, focussing on the information gay intended parents disclosed in online classified advertisements to facilitate a good match with a potential surrogate. The authors analysed 29 advertisements posted in one specific month (42% of the ads posted that month) by gay intended parents seeking surrogates on the US "Surrogate Mothers Online" website. Gay intended parents used strategic messaging to reduce uncertainty and facilitate a suitable match with a potential surrogate. Common communication themes related to: relationship commitment and stability, demonstrating their readiness to become parents; financial stability, demonstrating their ability to support a child and being able to compensate the surrogate; their levels of social support from extended networks; as well as their understanding of the logistics and legal issues associated with this pathway to parenthood.

Whilst this study is limited in only looking at advertisements on one surrogacy website for one month, it does provide insight into ways in which gay men are seeking surrogates, and the information they deem important to disclose to secure a potential surrogate, which has been omitted in other studies (Greenfeld & Seli, 2011; Grover et al., 2013; Ressler et al., 2014). However, it is unknown how gay men in the UK, where it is illegal to advertise the need for a surrogate, find women willing to act as surrogates, what information they disclose to potential surrogates, and how they judge who they may be most compatible with.

2.7.2 Significance of Biogenetic Paternity

The significance of biogenetic parenthood for same-sex male couples has been explored in three papers from Australia (Dempsey, 2013; Murphy, 2013) and Denmark (Nebeling Petersen, 2018). The authors all report that genetic relatedness is commonly given emphasis amongst gay couples who become parents through surrogacy. Similar statements have been made in earlier papers (Mitchell & Green, 2007; Riggs & Due, 2010; Greenfeld & Seli, 2011) further supporting previous discourses on genetic relationships being the most privileged form of kinship (Berkowitz, 2008; Ryan & Berkowitz, 2009).

Dempsey (2013b) explored the meaning and management of biogenetic paternity for same-sex male couples pursuing commercial surrogacy in the US and altruistic surrogacy in Australia. The paper reports findings from in-depth interviews with six Australian gay male couples, collated from two separate studies. Data from two of the couples came from an earlier study of concepts family and kinship among Australian lesbian and gay parents (Dempsey, 2006) and other four couples were participants in a 2007 study which included 32 gay fathers who utilised ART to become known sperm providers or parents (study details not provided). Dempsey highlighted the ways in which the participants underplayed the importance of paternal biological connections in both creating or defining their family, such as stating that would have been keen to adopt if that had been legally possible in Australia. However, she suggested that despite such claims, biological connection was an important aspect of kinship that required careful management in order not to jeopardise the couple, parent-child or extended family relationships. Dempsey suggests that both partners providing sperm helped to fairly address “the biogenetic paternity dilemma” (p.44). An equivalent chance of being the biogenetic father was important for some men, either through transferring embryos from both men in gestational surrogacy, or alternating sperm for insemination in traditional surrogacy arrangements. All six couples either knew or intended to find out the identity of the biological father, despite their decision not to reveal this information. However, by creating uncertainty about paternity, the men were able to prioritise parenting related to love and nurturing, rather than genetic connection.

Murphy (2013) carried out interviews with 30 gay men from the US and Australia who had become parents by surrogacy, (12 in California, 16 in Australia, and an Australian couple living in Europe) also exploring men's decisions about biogenetic paternity, and ways of addressing this privileged connection between the child and one parent. He suggested that men had a complicated relationship to biogenetic notions of kinship, causing a "conundrum for these men" (p.1116). Murphy (2013: 1121) found that men played with symbols of kinship by using strategies he termed "turn-taking, intentional unknowing, and strategic silence" to negotiate and obscure biogenetic paternity. This careful management of information, and innovative ways of obscuring speculation from others about the identity of the biogenetic father, such as highlighting resemblance to confirm equal kinship connections, was explained as a means of protecting their family unit. This was in response to concerns that that extended family members such as grandparents may be less likely to bond with a non-genetically related child, emphasising the priority given to "blood-ties".

A Danish qualitative study (Nebeling Petersen, 2018) reported similar findings to previous studies (Dempsey, 2013b; Murphy, 2013) in relation to participants' accounts contradicting the importance placed on genetic fatherhood. His sample included seven Danish gay male couples and one gay man who had all become or were planning to become fathers through transnational commercial surrogacy. Participants initially stated that a genetic link had no importance at all, and described other representations of kinship such as parenting desire, parenting intention and determination, and the demonstration of love and devotion as strengthening their connection to their children and sense of kinship. However, some couples had already, and others planned to freeze embryos to enable "turn-taking" (Murphy, 2013) so the non-biological father could be the genetic father to future siblings, suggesting genetic connectedness was important to them.

These three papers provide useful insights into men's relational considerations and the ways in which they manage biogenetic connections as a couple. Whilst genetic relatedness does appear to be important to gay men, creating equivalence as parents is equally as important. The findings highlight different ways in which men attempt to block conjecture about the identity of the genetic father, so as not to jeopardise the balance of the couple relationship, or negatively impact on extended family relationships for the non-genetic

father. Both men providing sperm to fertilise eggs, and then transferring embryos created by both men or “taking turns” to be the genetic father to siblings seems to be a way of negotiating and sharing biogenetic connection within the family unit. However, Dempsey’s and Petersen’s studies are based on small samples, and in all three studies, the surrogacy cycles were undertaken in the US, Australia, India and Thailand. It remains unknown how same-sex male couples in the UK, where fertility clinics are not allowed to transfer embryos created from two different men into a woman on the same cycle, decide upon and manage equity in forming their families via surrogacy.

2.7.3 Motivations for Surrogacy as a Parenting Pathway

Whilst historically, a few empirical qualitative studies on gay fathers did include men who became fathers through surrogacy in their samples, (Stacey, 2006; Berkowitz & Marsiglio, 2007; Mitchell & Green 2007; Berkowitz, 2008; Ryan & Berkowitz, 2009), surrogacy was situated as a less common option. As more evidence emerged regarding gay men’s reproductive journeys, surrogacy was framed as a more viable and comparable option for attaining parenthood (Riggs & Due, 2014). This section reviews literature exploring men’s feelings about surrogacy and their motivations for pursuing this parenthood path (Smietana et al., 2014; Carone, Baiocco, & Lingiardi, 2017a; Blake et al., 2017).

Smietana et al (2014) undertook a comparative appraisal of gay father families with young children; co-parenting families in Belgium; surrogacy families in Spain, and adopted families in the UK, to identify men’s perceptions of the benefits and limitations of the different parenthood routes available to them. The authors concluded that biological parenthood was unimportant to those who adopted, most important to men choosing co-parenting, and was less so to those who chose surrogacy; this latter finding is in contrast with other papers (Mitchell & Green, 2007; Riggs & Due, 2010; Greenfeld & Seli, 2011) which suggest instead that genetic relatedness was a key factor for choosing surrogacy. Smietana et al (2014) further report that the advantages of adoption and surrogacy were that both fathers could be the legal parents of their children, who could permanently live

with them, thus also allowing the men to be the primary caregivers. In addition, surrogacy enabled the men to raise their children from birth.

Similar rationale for choosing surrogacy as a path to parenthood were reported in Carone, Baiocco, and Lingiardi's (2017a) study exploring the characteristics, motivations and experiences of a cohort of single Italian men who chose surrogacy to become a single parent. Data from in-depth interviews with 33 Italian single fathers, 24 (72.7%) who self-identified as gay, report that 91.7% (22) of the gay participants cited the desire to be genetically related to the child as their motivation for choosing surrogacy. However, the participants reported additional reasons for pursuing surrogacy; perceiving surrogacy to be an easier route to parenthood, and one that was felt to be more secure than adoption in the context of Italian laws (79.8%), wishing to raise a child from birth (41.7%), and the perceived risk that a co-parenting arrangement would lead to a confused parental role (33.3%). However, it must be noted that Italian law prevents same-sex adoption. This limits the generalisability of the findings, and may not reflect the preferred parenting options, or rationale for choosing surrogacy, of gay men in other jurisdictions where alternative parenting options such as same-sex adoption or fostering are available.

Blake et al (2017) explored gay men's reasons for choosing surrogacy to become parents. The team interviewed 40 gay father families, all residing in the US, comprising 74 fathers (35 genetic fathers, 32 non-genetic fathers, and 7 fathers who did not know or did not disclose the identity of the genetic father); all fathers had a child age between 3 and 9 years of age. The findings are part of a larger study of parent-child relationships and child adjustment in gay father families formed via surrogacy (to be discussed later in this chapter). In contrast to other findings (Carone, Baiocco, & Lingiardi, 2017a), the data indicate that the main reason for choosing surrogacy was that it was perceived it to be a more desirable and achievable route to parenthood than adoption (68%). A genetic connection to the child was the second most commonly cited reason for choosing surrogacy (51%), followed by participants being able to financially afford this option (16%); surrogacy being their partner's preferred route to parenthood (13%); and 3% reporting that surrogacy would enable them to be involved in the pregnancy and birth of their child.

No significant statistical differences were reported in the motivations of genetic and non-genetic fathers.

Data from all three of the above studies highlight that whilst surrogacy provides an opportunity for genetic fatherhood it is not necessarily the primary reason for choosing this route to parenthood. Whilst these findings shed light on the motivations of Spanish, Italian, and American gay men choosing surrogacy to achieve parenthood, it is unknown why men resident within the UK choose surrogacy rather than other parenting options to attain parenthood.

2.7.4 Cross-border Surrogacy Considerations

Since the early 2000s commercial cross-border surrogacy arrangements have become more popular among gay men, especially in the US and India (Tuazon-McCheyne, 2010; Dempsey, 2006; Riggs & Due, 2010; Ziv & Freund-Eschar, 2015; Riggs, Due & Power, 2015; Nebeling Petersen, 2018). This increase has been attributed to an inconsistency of international restrictions, advances in technology allowing for easier gestational surrogacy, and in some countries, lower costs (Deonandan, 2015). This section reviews the literature exploring the unique moral, ethical, and risk-management challenges related to cross-border surrogacy arrangements.

Attention has been drawn to some of these dilemmas and ethical ramifications, such as inequalities in terms of outcomes and choice between the privileged, primarily white commissioning couples from developed countries, and the disadvantaged Indian women acting as surrogates (Riggs & Due, 2010; Murphy, 2015; Majumdar, 2016; Nebeling Petersen, 2018). Whilst gay men accessing surrogacy may be in a privileged minority group in terms of class, race and nationality, they may not perceive themselves or their surrogacy journey to be privileged and may seek out destinations where commercial surrogacy is less expensive (Riggs & Due, 2010; Majumdar, 2016; Nebeling Petersen, 2018). Smietana (2017) carried out a qualitative study of commercial surrogacy with 37 gay fathers in 20 families, 20 surrogates and 15 professionals involved in the surrogacy process, to analyse the affective de-commodifying and commodifying in US surrogacy arrangements. The

study suggests that both altruistic emotions and relationships, and economic exchanges are relational and co-exist; whilst gift-giving emotions relating to helping others appears to de-commodify surrogacy, they equally facilitate commodification, “albeit with a human face” (p7). Smietana posits that the exchange between surrogates and intended parents centres on the availability of low-waged reproductive labour of others, whereby the compensation for surrogates acts to de-kin their parenthood claims. Whilst this paper demonstrates that the division between commercial and altruistic surrogacy may often be blurred in practice, it is unclear how men pursuing surrogacy within the UK, where commercial surrogacy is illegal, view altruistic surrogacy and what they perceive ‘reasonable payments’ for surrogates to be.

Other scholars have explored the logistical challenges of cross-border surrogacy arrangements associated with the intended parents and the surrogate being located in different geographical locations (Ziv & Freund-Eschar, 2015; Riggs, Due & Power, 2015; Carone, Baiocco, & Lingardi, 2017b). Ziv and Freund-Eschar (2015) examined how the emotional experience of pregnancy for gay couples who are expecting a child through cross-border surrogacy is realised when there is a geographical distance between them and their future baby. In-depth interviews were conducted with eight Israeli gay couples; 7 couples were expecting a child through surrogacy in India, and the remaining couple were expecting a child through a US surrogacy arrangement. A qualitative thematic analysis of the interviews showed that the interviewees felt frustrated and anxious due to their distance from the physical pregnancy and their perceived lack of control of the process, specifically, their inability to experience the physical presence of, and build a connection with the unborn baby.

Similar findings were also reported in a study of 30 Italian gay partnered fathers with at least one child born through gestational surrogacy in California or Canada (Carone, Baiocco, & Lingardi, 2017b). This lack of emotional connection affected their ability to prepare for parenthood, and some men in Carone, Baiocco, & Lingardi’s study (2017b) specifically expressed anxiety relating to not knowing how well the surrogate was looking after their child that she was carrying. The results highlight the importance of the intended parents establishing a close relationship with the surrogate mother, as is customary in the

United States but generally not in countries such as India. Regular communication with the surrogate, including receiving scan images, offered reassurance about the pregnancy, whilst the surrogate referring to “your child” helped to build men’s confidence in the surrogacy process, enabling them to reinforce their parent identity (Berkowitz & Marsiglio, 2007; Riggs & Dempsey, 2015; Murphy, 2015; Carone, Baiocco, & Lingiardi, 2017b).

The intended parents’ need for support throughout the surrogacy arrangement was also highlighted in Riggs, Due and Power’s (2015) qualitative study examining the positive and negative experiences pre-conception, during the birth, and post-birth of 12 Australian gay men who pursued an Indian surrogacy arrangement. The participants reported more negative than positive experiences in relation to the support they received from clinics. Many of the men perceived the Indian clinics to be mercenary, or solely concerned with clinical arrangements rather than addressing the men’s emotional needs. The authors suggest situations such as a pregnancy loss, significantly affect all parties involved in the surrogacy arrangement, regardless of their involvement in the genetic and reproductive conception of a child; which is contrary to assumptions that gay men are emotionally removed from a pregnancy that they are unable to carry. This study stresses the importance for those intended parents seeking cross-border surrogacy to receive adequate information and support, including post-birth support. The authors specifically emphasise that gendered assumptions about men may influence the level of support they are offered by clinics and the extent to which clinics involve the men in the pregnancy and birth. It is unknown whether men pursuing domestic surrogacy within the UK have similar experiences within healthcare services, and the extent to which UK healthcare professionals acknowledge and support gay intended parents within antenatal and postnatal service provision.

The geographical distance of cross-border surrogacy arrangements appears to affect same-sex male couples’ desired involvement in all aspects of the surrogacy process and their parental identity, highlighting the need for tailored support and counselling for men considering cross-border surrogacy. However, the majority of men in Ziv and Freund-Eschar’s (2015) and Riggs, Due and Power’s (2015) studies sought surrogacy arrangements in India, where expectations regarding contact between the parties may greatly differ to

those in other jurisdictions. It must also be noted that Israel prohibits surrogacy for same-sex couples, and surrogacy is banned outright in Italy, so men have to seek surrogacy across borders, and thus engage in commercial surrogacy arrangements. Equally, Australia's surrogacy laws are so complex that most men who choose surrogacy as their preferred route to parenthood pursue cross-border arrangements (Riggs, Due & Power, 2015). It is unknown whether men resident within the UK, who pursue domestic surrogacy and hence have the opportunity for a closer relationship with the surrogate during the pregnancy, feel a greater sense of control over the process, or experience similar feelings of physical and emotional disconnection.

2.7.5 On-going Relationships, Disclosure, and Children's Outcomes

Despite an increase in the number of gay men having children through surrogacy (Berkowitz, 2013), it is only recently that data have become available about family relationships and outcomes for children in gay father surrogacy families. Research has suggested that because of a geographical distance that usually exists between the parties involved in a surrogacy arrangement, gay men undertake relational work with surrogates and / or egg donors. Contact between the parties may be via Skype, texting or postal correspondence, to enable surrogacy children to have access to these women in the future should they wish to (Smietana et al., 2014; Dempsey, 2015).

Blake et al (2016) investigated the nature and quality of relationships between gay father families, the children, their surrogates, and egg donors in a cross-sectional study. The sample included parents in 40 gay father families with children aged 3-9 years, born through surrogacy. The majority of fathers were content with the level of contact with their surrogate; those who were less satisfied, reported wanting more contact. The findings identified that relationships were reported to be generally positive, but fathers were more likely to maintain relationships with surrogates than with egg donors. This latter finding has also been reported in other studies (Smietana et al., 2014; Murphy, 2015) and in Carone, Baiocco and Lingardi's (2017b) study the fathers did not mention the egg donor at all in their narratives. In relation to the level of disclosure of the children's origins, Blake et al (2016) reported that almost all families in their study had started the

process of talking to their children about their conception, with the level of detail disclosed increasing in line with the child's age and level of understanding.

A second paper by the same research group report findings on the parenting and adjustment of children born to gay fathers through surrogacy (Golombok et al., 2017a). This paper compared the findings from the same sample of 40 gay father families with a comparison group of 55 lesbian mother families created through donor insemination. All families had a child aged between 3 and 9 years of age. The study employed standardised interview, observational and questionnaire measures of stigma, with parents, children, and teachers to assess quality of parent-child relationships and children's adjustment. Teachers and parents reported low levels of behavioural and emotional problems in children in both family types, with gay fathers reporting significantly lower levels of internalising problems (emotional distress and emotional symptoms associated with anxiety and depression) in their children than reported in children in lesbian mother families. However, the authors emphasised that in their study, children's internalising problems were very low in both sets of families, as were the children's externalising of problems, as reported by parents and teachers. There were no differences reported across family types for perceived stigma, parenting ability, or parent-child interactions.

An Italian research group have published two papers analysing gay surrogacy families and their relationships with surrogates and egg donors (Baiocco et al., 2015; Carone et al., 2017). Baiocco et al (2015) reported that Italian gay father surrogacy families did not differ from lesbian mother families created via donor insemination or heterosexual parent families with naturally conceived children, with respect to parent-reported family functioning or the adjustment or emotional milestones of children aged around 4 years. Carone et al's (2017) paper is the first to examine how children born to gay fathers feel about their origins. It is important to note that Baiocco et al.'s (2015) and Carone et al.'s (2017) studies were based on the same sample. The findings report that in almost all families the children's origins were disclosed to them before the age of four; initially focussing on the non-traditional family form and the need for a surrogate to gestate the pregnancy. Additional detail regarding the use of an egg donor was discussed at a later stage, with the identity of the genetic father being "more rarely" added to the child's

older. No details are provided as to how many of the fathers had actually disclosed which male partner was the biological father to the child/ren. The authors suggest being born into a non-traditional family form means children's origins are explained at an earlier age, allowing more time for them to assimilate this information and reported that most of the children in their study had an understanding of surrogacy between the ages of 6-12 years. Carone et al's (2017) findings suggest that whilst genetic fatherhood was important to some gay men, this was not necessarily something they intended to disclose to their children, or may disclose at a much later stage. Gay men were also more likely to maintain contact with the surrogate than the egg donor, as also reported in previous studies on gay father surrogacy families (Smietana et al., 2014; Murphy, 2015; Blake et al., 2016; Carone, Baiocco, & Lingardi, 2017b).

The data from these five papers contributes to our understanding of relationships and child adjustment in gay father surrogacy families, and challenges previous assumptions about children brought up in families headed by two fathers and the absence of a female parent in the family home. However, all these findings are based on moderate sized samples in the US and Italy. More data are needed to examine the family relationships and child outcomes for gay men residing within other jurisdictions who have chosen surrogacy as their preferred route to parenthood. It is unknown whether men's reported reluctance to disclose the identity of the genetic father to the children is reflected in other families or contexts.

2.8 Limitations of Existing Research

Although surrogacy arrangements have been carried out since the late 1980s, research on the outcomes for the parties involved is still relatively limited. Several factors may account for this dearth of evidence, including the difficulty of collecting data on surrogacy because of its legal ramifications in many jurisdictions, as well as the reported social stigma attached to surrogacy (Poote & van den Akker, 2009) which may affect couples' willingness to participate in such studies. It has also been reported that funding bodies are reluctant to support studies on controversial topics (Ciccarelli & Beckman, 2005), further limiting opportunities to research this subject. The more recent development of gay men choosing

surrogacy as a route to fatherhood is significantly under-researched both in the UK and internationally.

Whilst the empirical data examined in this chapter provides a useful context in which to situate this thesis, this overview has identified a number of limitations and significant gaps in what is currently known about gay men and their use of surrogacy as a route to parenthood. Within the limited empirical data available to date, many studies have methodological limitations in relation to sampling, low response rates, or partial reporting, making it difficult to draw firm conclusions. In addition, some studies utilised the same sample, only looking at different aspects of the data. Furthermore, most of what is known about outcomes originates from clinical reports, and a substantial number of the empirical studies are based on limited psychological measures. Most of what is known about gay men's use of surrogacy comes from studies in North America, Australia, and more recently Italy. Further qualitative research is needed to establish the extent of gay parenting through surrogacy in different jurisdictions, the socio-demographic characteristics of gay parents, and the obstacles they face in different legal and socio-cultural contexts.

Importantly, no research to date has explicitly examined the perspectives of gay men domiciled in the UK, who have become or who are planning to become, parents via surrogacy. Given this limited evidence and the different legal and regulatory landscape of the UK, where commercial surrogacy is illegal, the current study will examine, within the UK context, the factors shaping gay men's motivations and intentions, as well as identifying the potential obstacles they may face in choosing surrogacy to achieve parenthood. Little remains known about how gay men frame their desire for parenthood through surrogacy or how gay men and couples using surrogacy perceive biogenetic and other kinship relations. Despite the reported increased number of gay men accessing surrogacy, we know little about men's interactions with clinics and health professionals, about how they select and perceive egg donors and surrogates, their desires or intentions concerning continued contact with surrogates for themselves or their children. This study aims to address these gaps in the literature to expand the knowledge base, to provide support for policy-making and for healthcare providers, and to contribute to the wider growing discussion about men and reproduction.

This chapter, the first of two which aims to orientate the reader to salient research and debates relating to gay men's use of surrogacy, has provided a comprehensive review of the current literature and highlighted existing gaps in the current knowledge base. The following chapter will contextualise the current study within additional conceptual debates to create the context in which the current study is grounded.

Chapter Three: Review of the Literature on Gay men and Parenthood

3.1 Introduction

This is the second of two chapters aimed at positioning the present study within other related bodies of literature to which this research will contribute. The aim of this chapter is to orientate the reader to some of the salient debates relating to gay men and parenthood, identifying intersections and gaps that the current research study questions and builds upon. The literature presented in this chapter was chosen to provide an overview and discussion of key concepts drawn upon in the thesis, and to help interpret and contextualise the findings from the current study into the existing body of knowledge.

Two reviewing methods were used to identify papers that were salient to the current study. Firstly, the literature on men and reproduction was reviewed. William Marsiglio's work on young heterosexual men's parenthood decision-making, which the researcher was already aware of, was also revisited. Secondly, classic texts central to this subject and written by leading scholars in this field were included. These two avenues helped to identify other pertinent literature, resulting in three broad areas of research that have informed this study. The first of these bodies of literature relates to same-sex parent families; the second, to fatherhood, and the third addresses concepts of kinship and the ways in which new family forms challenge the Western kinship model.

3.2 Same-Sex Parent Families

Until the start of the twenty-first century, the notion that parenthood could be "openly chosen by non-heterosexual people" was almost unimaginable (Weeks, Heapey & Donovan, 2001: p159). Dominant societal assumptions perceived the term 'gay father' as an oxymoron (Bozett, 1993) since the identities of 'gay' and 'father' were seen as mutually exclusive. In addition, the technical landscape had not sufficiently advanced to enable parenthood to happen. Consequently, gay men did not see how their desire for parenthood could be actualized (Shernoff, 1996). Whilst attitudes towards alternative family forms have changed (Beck & Beck-Gernsheim, 2002), a recent UK television advert

celebrating family diversity received criticism for depicting a two-father family, with members of the public raising concerns about the child being raised by “paedophiles” and “the absence of a mother” (Beresford, 2017). This suggests that negative stereotyping of gay fathers still exists.

There is an extensive body of literature exploring lesbian parent families (for overviews see: Clarke, 2005; Tasker & Patterson, 2007; Gabb, 2018). Much of the literature on lesbian parent families has focused on the child development and psychological outcomes (for example, Brewaeys et al., 1997; Golombok, Tasker & Murray, 1997; Stacey & Biblarz, 2001; Bos, Van Balen, & Van den Boom, 2007; Clarke, 2008). Other areas of investigation include: parenthood choices and planned conceptions (Tasker, 1999; Dunne, 2000; Donovan, 2000; Ryan-Flood, 2005; Mamo, 2007; Nordqvist, 2010); the negotiation and meaning of parenthood and kinship (Haimes & Weiner, 2000; Goldberg & Allen, 2007; Almack, 2008); and concerns about the lack of male influences in lesbian families (Clarke, 2002, Clarke & Kitzinger, 2005; Clarke, 2006). However, compared to lesbian families, sociological research on same-sex male families remains relatively small. This imbalance in studies on gay and lesbian parent families is important as whilst few overall differences between different-gender and same-gender couples have been reported, parental gender and sexual orientation may influence parenting practices and family dynamics (Crowl, Ahn & Baker, 2008; Biblarz & Stacey, 2010).

There is a body of literature that explores parenthood and gender-based norms and expectations. Much of this research has explored the social psychological understanding of gender as a significant socialised role of individuals, which is mainly produced in and by families, and attempted to explain the benefits and inequalities connected to these arrangements, how and why they are resisted, and by whom (Ferree, 2010). Such literature highlights the influential effects of gendered ideas in the everyday lives of LGBT parents (Hicks, 2012) and the way in which socially prescribed gender norms may affect prejudice toward same-sex families (Webb, Chonody & Kavanagh, 2017). Gay men embracing fatherhood are judged more harshly than lesbians because they are perceived as violating traditional gender roles and implicit views that caring for children is appropriately assigned as women’s work (Dunne, 1999; Hicks, 2005), as well as the

hegemonic model of masculinity (Connell, 2005; Wells, 2011). Gay men often have to negotiate their parenting desire within a heteronormative and gendered social context, requiring them to identify with feminine parenting role expectations in order to present themselves as “good parents”. However, Biblarz and Stacey (2010) argue that “claims that children need both a mother and father are spurious because they attribute to the gender of parents benefits that correlate primarily with the number and marital status of a child’s parents since infancy”(p.17). In contrast, studies have highlighted how gay fathers represent a new paradigm of de-gendered parenting and shared roles (Silverstein, Auerbach & Levant, 2002; Schacher, Auerbach & Silverstein, 2005; Carneiro et al., 2017).

Over the past decade there has been more attention paid to a social science approach to analyses of gay fathers (Lewin, 2009; Stacey, 2011; Goldberg, 2012). Two general areas of focus have developed on same-sex family building; and same-sex family relationships and associated outcomes for children (Goldberg, Gartrell & Gates, 2014). The next section will discuss these aspects of gay parenting alongside the evidence on men’s desire and motivation to parent.

3.2.1 Gay Men and Family Building

Parenting among gay men is not new; gay men have had children in the context of previous heterosexual relationships or have entered a relationship sometimes with a lesbian couple where they have provided the sperm to achieve a pregnancy. However, the changing landscape of legal, technical and social possibilities has provided opportunities for gay men to pursue parenthood outside the traditional context of heterosexual relationships (Erera, 2002; Mallon, 2004; Golombok & Tasker, 2010). Research has indicated a distinct generational shift in terms of the contexts in which gay men are becoming parents. In a 2009 survey of 102 gay fathers from Australia, Canada, New Zealand and the UK, 95% of the men over 50 years of age reported having had children in the context of previous heterosexual relationships, whereas only 53% of men under 50 had become fathers in this way (Patterson & Tornello, 2010). This is consistent with earlier findings suggesting that in recent years, the number of people having children in the context of a lesbian or gay identity has increased (Tasker & Patterson, 2007).

Same-sex male couples face more challenges in planning to have children in comparison to lesbian couples because of their biological capacity (Riggs & Dempsey, 2015), and therefore require a 'facilitating other' (Mitchell & Green, 2007). Some gay men have become fathers via adoption or fostering (Hicks, 2006a; Dennis, 2006; Riggs, 2007a; Downing et al., 2009; Wells 2011; Goldberg, 2012) or co-parenting arrangements with lesbian women (Golombok, 2012; Herbrand, 2017) or heterosexual women (Erera & Segal-Engelchin, 2014). Gay men may become 'known' sperm donors for lesbian couples (Riggs, 2008a) while in other instances there is no genetic connection with children they co-parent (Luce, 2010; Tasker and Patterson, 2007). Research also suggests that gay men may donate sperm at fertility clinics as a way of staking an identity claim to paternity (Riggs, 2008b; Ripper, 2008). This evidence signifies a generational shift in gay parenting reflecting the desire of gay men to have children outside the heteronormative context, and further denotes a fundamental shift in the meaning of parenthood and family (Dunne 2000; Stacey, 2006). However, whilst the number of routes to parenthood has increased for gay men, some of these options are not legally sanctioned in some jurisdictions, demonstrating existing levels of discrimination and heterosexism in the twenty-first century.

Research on motivations for pursuing parenthood was primarily focused on heterosexual women (for example, Biblarz & Stacey, 2010; Perrier, 2013) and lesbians (Lewin, 1993; Bos et al., 2003; Touroni and Coyle, 2002), with the majority of women in these studies citing a biological drive as their main motivating factor for parenthood. In studies exploring heterosexual couples' motivations, the men frequently reported their female partner's strong desire to parent as the influencing factor (Miller, 1994; Tough et al., 2007; Roberts et al., 2011). Studies on lone fathers, who are usually heterosexual, report this responsibility arising due to circumstances such as being widowed or divorced, rather than by choice (Nieto, 1990; Risman, 1986; 1987), perhaps reinforcing more traditional perceptions of fathers as the more distant, less nurturing and less involved parent (Dermott, 2008).

However, reproduction is increasingly acknowledged as not solely being about female parenting desires. A growing body of evidence suggests that men are becoming more

actively involved and engaged with these decision-making processes (Marsiglio and Hutchinson, 2002; Berkowitz and Marsiglio, 2007; Indekeu et al., 2012). Goldberg, Downing and Moyer's (2012) study was the first to explicitly examine gay men's motivations to parent. The authors point out that previous research on gay parenting focussed on the barriers deterring men from pursuing parenthood rather than the ways men made sense of their desire to parent despite such barriers. Their sample of 35 American pre-adoptive same-sex male couples reported that age, finance, and relationship factors influencing their motivations to parent.

3.2.2. Men's Procreative Identity

The Procreative Identity Framework (Marsiglio & Hutchinson, 2002) provides a social psychological model for exploring and conceptualising how men become aware of their ability to procreate and its meaning for them over time. This framework built upon Marsiglio's (1991) original work which created two distinct, yet closely related concepts, to explain how young heterosexual men (aged 16-30) experience the reproductive realm: procreative consciousness and procreative responsibility. Marsiglio (1991: p269-270) defined procreative consciousness as men's cognitive and affective *activity* within the reproductive realm. The reproductive realm encompasses issues relating to fertility, contraception, pregnancy, abortion, childbirth and children. A central aspect of men's procreative consciousness is an awareness of their desire for children, ability to procreate, and views about fatherhood. Procreative consciousness does not assume that all males will establish a particular level of subjective awareness in relation to their procreative experience. Rather, it supports the idea that most men will experience some level of socio-psychological / socio-emotional activity in connection with this domain at some point. This may be a heightened sense of awareness or a temporary ambivalent image (Marsiglio, 1991: p270). Marsiglio, Hutchinson & Cohan (2001) additionally suggest that this procreative consciousness is "situational", suggesting specific circumstances, such as the prospect of an unplanned pregnancy, may compel men to recognise their procreative potential. This reflection on their "readiness to father" is an important aspect of procreative consciousness, and one which evolves over time depending on new partners and new situations.

The second concept of procreative responsibility describes the *actions* men take in relation to their procreative consciousness (Marsiglio 1991: p272). Procreative responsibility includes men's personal sense of obligation towards, and their involvement with, the outcomes of these procreative actions. For example, their involvement in relation to contraception use, pregnancy resolution, and child care issues. Again, this perceived level of obligation to the social role of father may also be "situational" during their life-course, fluctuating at various points prior to and during a pregnancy, and after a delivery. Marsiglio (1991) argues that men's procreative consciousness and procreative responsibility can be "global and enduring". For example, men knowing they want to be a father at some point in their life, or "responsive" to external contexts, i.e. not wanting to have a child with a current partner. Marsiglio, Hutchinson and Cohan (2001) reported a "relational" aspect to procreative consciousness, whereby intimate partners co-construct men's procreative consciousness, helping them to actively develop issues of procreative responsibility. This "relational" procreative consciousness may result in men deferring decision-making and choice to the female partner, either to avoid the responsibility associated with this decision, or to acknowledge the partner's agency, given that their partner would be the one carrying the child and giving birth.

Berkowitz (2007) extended the procreative identity framework to explore how gay men constructed and acted upon their self-awareness of being both gay and being capable of procreation. She investigated the extent to which gay men's procreative consciousness emerged in the absence of heterosexual intercourse or intimate experiences resulting in fertility-related events. Whilst gay men's experiences may be more diverse than those of heterosexual men, this procreative identity lens offers a useful means of viewing how gay men's procreative consciousness may be activated within a same-sex relationship, and how men imagine they can perform father-related responsibilities (Berkowitz & Marsiglio, 2007: p368).

Berkowitz's (2007) study involved semi-structured interviews with 19 childless gay men and 20 gay men who had become fathers via various means excluding heterosexual intercourse. The study explored the impact of emerging social structural opportunities and shifting constraints, rather than a strategy to compare the two groups. Her findings

revealed that whilst gay men seem to develop a procreative consciousness similar to that of heterosexual men, their procreative consciousness and identities were constructed and expressed in different ways. Participants' procreative consciousness was shaped by structural and institutional factors, e.g. adoption and fertility agencies, assumptions about gay men, and negotiations with others (Berkowitz, 2007: p366). Gay men's procreative consciousness seem to be situated in a socially constructed historical context that is rapidly changing their ideas about the possibility of fatherhood, yet also assumes heterosexuality as normative and privileges heterosexual parenting (Berkowitz, 2007: p12). Although Berkowitz's research has provided important insight into American gay men's procreative motivations, only five of the twenty fathers in her sample had become parents via surrogacy. Little remains known about how both gay men resident in the UK, and more specifically, those who seek surrogacy to achieve parenthood, see their procreative consciousness, desires, and responsibilities within a socially constructed world that privileges heterosexual nuclear families and maternal parenting.

3.2.3 Same-sex Family Relationships and Outcomes for Children

Whilst same-sex relationships and marriage is more widely recognised (ILGA Europe, 2016) there is still controversy about the outcomes for children raised by gay or lesbian parents, resulting in many countries prohibiting same-sex couples' access to parenting routes (Fedewa, Black & Ahn, 2015; Takács, Szalma & Bartus, 2016). Such restrictions negatively influence perceptions and reinforce prejudice against same-sex parenting (Massey, Merriwether & Garcia, 2013). Opponents of gay parenting have characterised gay men wishing to become fathers as deviant or paedophiles, or as wishing to reproduce homosexuality (Berkowitz, 2007; Weeks, 2007). Such unfounded stigmatising frames men's desire for children as unnatural and undesirable. Such claims are generally based on religious or ideological beliefs about what constitutes a family, rather than formal assessments (Dempsey, 2013a). In fact much of the early research on gay and lesbian parenting responded to unsubstantiated concerns about the effect of parental sexual orientation on children's development or welfare (Bozett, 1987; Stacey & Biblarz, 2001; Clarke, 2001). Studies aimed to address concerns about possible negative effects upon children's psychological health, gender identification and role behaviour (Golombok et al.,

2006; Patterson, 1992; Wainwright, Russell & Patterson, 2004). The majority of early studies were conducted with lesbian mothers and the findings then generalised to other sexual minorities, specifically gay male parents, underscoring the social context at that time (Lev, 2010). Golombok et al (2014) highlighted that studies on children's psychological development and well-being have almost exclusively focussed on lesbian mothers.

Research specifically examining psychological adjustment, self-esteem, and academic performance, has unambiguously shown that the children of lesbian parents do not show any additional signs of psychological problems than children raised by heterosexual parents (Patterson, 1994; Tasker & Golombok, 1997; Wainwright et al., 2004; Bos et al., 2008; Potter, 2012). Furthermore, many children growing up in lesbian families rated significantly higher in social competence, including resilience and empathy (Saffron, 1998; Goldberg, 2007), and significantly lower in social problems and aggressive behaviour compared with age and gender matched adolescents with heterosexual parents (Gartrell & Bos, 2010). Gender-based sexism presumes that men are unable to nurture children and concerns have been raised that children parented by men may suffer from a lack of "mothering" (Lev, 2010). However, the limited research specifically on gay fatherhood, primarily focused on gay father families via adoption, has revealed that children brought up by gay men are psychologically stable and well attached to their parents when compared with children raised by heterosexual parents (Averett, Nalavany & Ryan, 2009; Erich et al., 2009; Farr, Forssell & Patterson, 2010; Golombok et al., 2014). This infers that parental sexual orientation is not a major factor of child development.

Concerns have also been raised regarding the effect of parental sexual orientation on children's sexuality or gender identity (Goldberg, 2010), inferring that same-sex parents will raise gay, lesbian or gender non-conforming children. Such a belief suggests that a non-heterosexual orientation or gender non-conformity is somewhat detrimental and if children raised in same-sex parent families identify as non-heterosexual this somehow establishes evidence of harm (Barret & Robinson, 2000; Clarke, 2001; Stacey & Biblarz, 2001; Goldberg, 2007; Dempsey, 2013a). Research findings suggests that children of lesbian or gay parents do not tend to self-identify as lesbian or gay at significantly higher

rates than children with heterosexual parents (Huggins, 1989; Bailey et al., 1995; Tasker & Golombok, 1997).

Although it is not possible to claim there are no differences at all in children raised in same-sex and heterosexual parented families (Biblarz & Savci, 2010; Biblarz & Stacey, 2010; Amato, 2012; Regnerus, 2012), there is strong evidence that same-sex parented families create supportive environments in which to raise children. Evidence indicates that the major impact of parenting on child development comes from the quality of parenting, rather than the sexual orientation of the parents (Golombok, Tasker & Murray, 1997; Golombok et al., 2002; Goldberg, Gartrell & Gates, 2014). This finding challenges heteronormative ideals that in order for children to be well adjusted, they need to be raised by heterosexual parents.

Researchers have criticised the heteronormative assumptions underlying “normality” in the existing literature on same-sex parenting (Clarke, 2000; Hicks, 2005; Riggs, 2007b; Stacey & Biblarz, 2001). Research has previously assessed the ways in which different family forms compared with and matched opposite sex parents who constitute an assumed gold standard; that only mothers can provide the nurturing role, and assumptions that girls need a mother and boys need a father. On-going negative stereotypes about gay men and children continue to shape how outsiders view gay parents, and as such, they are always under scrutiny to prove their status as viable families (Hicks, 2000; Hicks, 2006a). Decentring heteronormativity enables a reimagining of different ways of “doing family” (Hudak & Giammattei, 2014) and challenge assumptions that in order to become parents, gay men must fit into the ascribed roles and definition of heteronormative families. Whilst the experiences and rhetoric of same-sex parenting, particularly lesbian motherhood, may have shifted over time, little remains known about UK resident gay men’s imagined parenting trajectories, how they de-gender parenting roles, or the challenges they may face given the stigma and discrimination often attached to gay fathers (Dempsey, 2013a). In order to understand the context of contemporary parenting, it is also important to examine discourses on fathering, which will now be presented.

3.3 Literature on Fatherhood

Fatherhood is a continually changing ontological state, with competing desires and discourses (Lupton & Barclay, 1997: p16). Research on fatherhood is a relatively new but expanding multidisciplinary field of family studies (Marsiglio et al., 1998; Seward & Richeter, 2008; Goldberg, Tan & Thorsen, 2009). Morgan (2003) differentiated between fatherhood, fathering and fathers as referring respectively to: the social meanings associated with being a father, the actual practices of “doing parenting”, and the connection between an individual child and an individual man, acknowledging both biological and social (non-biological) kinship. Social historical and social science literature highlights how the expectations and norms around fatherhood have evolved. Pleck (1987) identified four “phases” of fatherhood typologies in Western societies: the father as “authoritarian moral and religious pedagogue” (18th to early 19th century); the father as the “distant breadwinner” (early 19th to mid-20th century); the father as “sex role model” (1940-1965), and the “new” father, who is nurturing and interested in his young children as well as engaged in paid work (late 1960s onwards). Although these categorisations highlight how expectations of father roles have changed over time, they do not recognise individual differences, for example in relation to social class, ethnicity, or educational level (Lupton & Barclay, 1997). Despite this omission, Lamb (1987) posits that in each of these fatherhood paradigms there were definite cultural guidelines on expectations in performing the role of a father.

These apparent changes in perceptions of the father role have been linked to the change in motherhood roles, with more women being “working” than “stay at home” mums (Gregory & Milner, 2011). Since many women continue with paid employment after having children, and the family size has decreased, a reassessment is needed of the nature of both motherhood and fatherhood and how each should be conducted in relation to the other (Lupton & Barclay, 1997). This destabilising of previous assumptions about gendered division of labour and participation in domestic and childcare tasks has presented opportunities for men to express their nurturing feelings in ways that their own fathers supposedly did not, which many argue represents a new hegemonic ideal of the involved father, willing and eager to engage in childcare (Johansson & Klinth, 2008). La Rossa (1997)

questioned how contemporary this nurturing model actually was, describing it as a middle-class phenomenon. However, in Britain there has been an increased emphasis on the father-child relationship since the 1950s (King, 2015). The changes in fatherhood roles and identities tends to be portrayed in terms of how today's fathers are different from their own fathers. 'Good' fathers appear to now be judged on their physical and emotional presence, economic and social responsibility, and a strong bond with the child, rather than as a 'supporting' parent (Collier and Sheldon, 2008; Dermot, 2008; Ives et al., 2008; Williams, 2008). However, there is less consensus over the extent of change and how "new fatherhood" should be understood (Dermott, 2008).

Acknowledging the diverse routes by which individual men become fathers enables the hegemonic image of fatherhood (white, middle-class, heterosexual, married) to be deconstructed. New fathering identities beyond the heterosexual nuclear family raise the prospect of gender-neutral parenting based on skills and strengths (Goldberg, 2010; Wells, 2011). Gay fathers may be marginalized in many contexts since they challenge the heteronormative stereotype of a single childless gay man and the heteronormative cultural norm of the uninvolved and emotionally distant heterosexual father (Schacher, Auerbach & Silverstein, 2005; Berkowitz, 2011; Berkowitz & Ryan, 2011). The current study provides an opportunity to study how fatherhood is enacted in the absence of a "mother"; how same-sex male partners negotiate who will be the biogenetic father to their child; and how they (re)construct what it means to "father" and manage parenting equity when forming their families via surrogacy.

3.3.1 Fathers' Involvement in Pregnancy and Childbirth

In the past, childbirth was seen as a female experience from which men were excluded (Leavitt, 2003). Despite a societal shift towards a more 'involved father' evidence suggests that men are still marginalised within the maternity environment (Lohan et al., 2013). Evidence has tended to focus on fathers as supporters in childbirth, and their presence connected with the future mothers' well-being (Chapman, 1991; Enkin, 1995; Yim, 2000). However, in the last two decades research has addressed fathers' own experiences of maternity services (Vehvilainen-Julkunen & Liukkonen, 1998; Genesoni & Tallandini; 2009)

recognising that men's attitudes towards, and experiences of pregnancy, childbirth and child caring may differ from that of women (Fägerskiöld, 2008).

The transition to fatherhood begins during pregnancy; the importance of involving men as fathers early on in pregnancy, and during childbirth is deemed to be important for fathers' well-being and to facilitate the relationship between father and baby (Bartlett, 2004; Genesoni & Tallandini, 2009). Research findings suggest that during pregnancy men prepare to be actively involved, and value the midwives facilitating their participation (Premberg et al., 2011). Fathers reported wanting to play an active role in the pregnancy-related events, such as attending antenatal appointments and antenatal education classes (Greenhalgh, Slade & Spiby, 2000). Despite this desired involvement, studies suggest that in the early stages of gestation fathers may have difficulty in acknowledging the reality of a pregnancy with no direct experience of the embodied nature of pregnancy (Lupton and Barclay, 1997; Draper, 2002), and may struggle to develop an emotional bond with the fetus. Some evidence suggests that men are more likely to be able to bond effectively with their child if they possess a strong concept of themselves as a father during pregnancy (Strauss & Goldberg, 1999; Habib & Lancaster, 2006). Men's presence during ultrasounds of the fetus, and viewing fetal movements, provides tangible evidence of the fetus existence (Gage & Kirk, 2002; Draper, 2003; Habib & Lancaster, 2006) encouraging a parental identity to be formed.

Research suggests that institutionalised clinical practices (de Motigny & Lacharit, 2004; Garfield & Isacco, 2006; Premberg et al., 2011) or negative gender attitudes (Haas & Hwang, 2007) may prevent men from fully participating in pregnancy-related events. This lack of inclusion may result in men feeling isolated, uninformed and excluded (Deave & Johnson, 2008). The earlier stages of pregnancy, rather than the third trimester or the delivery, have been described as the most stressful and anxiety provoking period for men (Buist, Morse & Durkin, 2003; Condon, Boyce & Corkindale, 2004), whilst childbirth was reported as the most important event in the process of adaptation to parenthood (Genesoni & Tallandini, 2009).

Over time, UK healthcare policies have included reference to the importance of involving fathers throughout pregnancy, childbirth, and during the transition to parenthood (National Institute for Health and Care Excellence [NICE], 2006; Department of Health, 2007; Department of Health & Department for Children, Schools and Families, 2010). More recently, *Reaching Out: Involving Fathers in Maternity Care* (Royal College of Midwives [RCM], 2011) outlined a commitment to increase engagement with fathers and emphasised the importance of making space for men to convey their thoughts and feelings, and making them feel welcome and involved. However, some men's experience of maternity care has been reported as not-patient and not-visitor, situating them in an interstitial and undefined space (both emotionally and physically) (Steen et al., 2012; p430). This leads to many men feeling uncertain, excluded and fearful (Chandler & Field, 1997; Greenhalgh et al., 2000; Steen et al., 2012). With healthcare provision still primarily aimed at optimizing the health of the mother and baby, this further compounds the marginalising of fathers (Lohan et al., 2013).

As growing evidence highlights the benefits of involving men as early as possible in pregnancy events, gay men becoming fathers via surrogacy present another layer of complexity to this scenario. There is a dearth of evidence on how maternity provision makes space for and integrates intended parents in what would ordinarily be regarded as a private environment for the woman and her own partner. The intended parents have a legitimate interest in participating in antenatal care and being present at the birth of their child, yet their level of involvement is dependent on the surrogate's willingness to request their inclusion. These potential layers of constraint are contrary to healthcare policies commitment to increasing fathers' engagement (RCM, 2011). In addition, whilst evidence suggests that midwives and other health professionals in maternity settings are increasingly encountering same-sex couples in their practice (Cherguit et al., 2012), this primarily relates to lesbian parents. There is a paucity of literature on gay men's experiences within maternity services or ways in which their particular needs are met (Hammond, 2014). Further research is needed to address this lacuna, to explore the experiences and interactions of gay men and their surrogates within maternity care settings, and to examine the extent to which UK maternity services are inclusive of all prospective parents. The following section will discuss contemporary ideas about what

counts as 'kin' in these new family forms and factors influencing how gay fathers pursuing surrogacy might visualise their future family.

3.4 Concepts of Kinship

The concept of kinship encompasses the ways in which people know themselves to be related to each other and is culturally and historically shaped (Nuffield Council on Bioethics, 2013). As new family formations emerge, different perspectives on kinship can be embraced. Traditionally, within anthropology, the commonly accepted explanation of kinship is 'the recognition of a relationship between persons based on descent or marriage' (Stone, 2014: p5). This scholarship emphasised the cultural constructions of kinship in the Western context, defining relationships as blood (consanguineal) or marriage (affinal) relations. Such non-negotiable relationships were the mainstream rhetoric in discussions of kinship and family, as emphasised by terms such as "blood is thicker than water" (Strathern, 1992a). Classic anthropological and sociological studies base kinship relations on biological reproduction (Schneider, 1984; Finch, 1989; Strathern, 1992a) and an assumption that human reproduction establishes undeniable links between people that are afforded a special relationship that is distinct from relationships formed in other ways. This scholarship has been very influential in family and reproduction research. The dominant nuclear family has tended to be the lens through which family has been explored and used as the norm against which other "kin-like" relationships have been assessed. However, Schneider's (1984) work was pivotal in challenging this cultural representation of kinship whereby procreative sexual intercourse is central and biological connections are privileged over other kinds of social bonds. Schneider argued that kinship should be investigated in different contexts rather than being framed as a set of immutable facts.

Studies of lesbian and gay kinship and studies of ART are examples of contexts where the extent to which kinship can be understood as a fixed fact of nature can be challenged. Weston (1991: p4-6) asserted that gay men and lesbian women had been ideologically excluded from the realm of kinship in terms of their perceived difference from (or similarity to) normative ideologies of "the American family". Lesbian and gay families,

what Weston refers to as “families of choice”, are a distinct configuration of kinship whereby biological ties are de-centred, and choice, or love become the defining feature of kin relationships. These families are neither derivative of, nor substitutes for, “straight,” biological families; rather, they are distinctive in their own right (Weston, p1991:210). Equally, the emergence of ARTs, such as IVF, gamete donation, and surrogacy, complicate the previously assumed universal kinship boundaries based on a distinct separation between nature and culture.

3.4.1 Assisted Reproductive Technologies and Kinship

There is a well-established body of sociological and anthropological literature on the kinship implications of ART and the way in which these technologies have changed our understanding of relatedness (for example: Strathern, 1992b; Franklin, 1997; Edwards et al., 1999; Becker, 2000; Konrad, 2005; Thompson, 2005; Teman, 2010; Edwards & Salazar, 2012). Developments in ART have enabled potential parents to create families that would otherwise not have existed. In doing so, they create new kinds of social relations and introduce a distinction between social and biological parenthood (Strathern, 1992b; Franklin & Ragone, 1998; Carsten, 2000). For example, the use of egg donation disrupts the previous presumption that the woman who gives birth is also the genetic mother. Reproductive technology, especially those involving third-party reproduction have challenged cultural norms and existing concepts of procreation and biogenetic relationships by blurring the boundaries between biological and social kinship (Edwards, 2000; Strathern, 1992b). Consequently, ARTS render biological ties as inconsequential in determining social relatedness; a term some scholars argue better describes those relationships that disrupt previous conventional understandings of kinship (Carsten, 2000; Smart, 1987). ART has therefore separated conception from birth, resulting in the previously unified elements of reproduction being distinguishable as three separate elements: genetic, gestational and social aspects (Taylor, 2005: p191).

With the changing social dynamic of modern families, individuals neither related through biology nor through marriage are imagined as family. New family forms of connectedness and kinship are constituted by the overlapping and combining of genetic and social aspects

of parenting (Thompson, 2005). The diversification of family types has provoked a theoretical shift proposing 'family' be represented as a constructed quality of human interaction or an active process, rather than a thing-like object of detached social investigation (Morgan, 1999: p16). Morgan argued that it was more productive to talk of family practices or "doing family". By focusing on the day-to-day activities people engage in that *they* perceive align with family life, a wider and more inclusive imagery of personal relationships emerges. This reformulating of family, acknowledges and validates the fluidity of diverse networks and facilitates further exploration of the ways in which people "do" family life. Finch (2007) posits that 'families need to be displayed' as well as 'done', emphasising the importance of social interactions, and the ways in which social meanings about the 'family-like' nature of relationships are conveyed to, understood and supported by relevant others (Finch, 2007: p67). Finch suggests that the need for display might be greater for those families that move furthest away from ideas of what a traditional family looks like. Co-constructing genetic and non-genetic connections within families has been further explored in studies on lesbian and heterosexual donor conceived families (Almack, 2006; Almack, 2008; Nordqvist & Smart, 2014) and egg donation (Hudson, 2017). However, this raises questions as to who counts as 'relevant others' for gay men pursuing surrogacy to become parents, and in what ways these "others" recognise and confirm this 'displaying of family', to provide a new perspective on family display.

3.4.2. Surrogacy and Kinship

Third-party reproduction involving gamete donation and gestational surrogacy have enabled one, two, or even several individuals to contribute to the creation of a child, creating previously unimagined variations in kinship (Margalit, Levy & Loike, 2013). Thus, surrogacy provides an ideal arena for exploring kinship ideology (Ragone', 1994), ideas of the "naturalness" of motherhood (Teman, 2006), and the extent to which a biological connection can accommodate an amount of adjustment despite also being seen as a fixed form of social tie (Franklin, 1997: p750). Third-party reproduction has also created numerous opportunities for non-traditional kinship and family formation, including genetically related gay families. Children born to gay men using surrogacy may have a genetic female parent, a gestational female parent, a father with a genetic connection and

father without a genetic connection, but no female parent in the family home (Golombok, 2012). Situations whereby women voluntarily become pregnant with the intention of willingly relinquishing a child, call into question notions of motherhood, by separating it into competing components of genetics and gestation. This separation questions the previously taken-for granted “maternal wholeness” (Teman, 2008: p1105) and dominant ideology of an indissoluble mother and child bond (Strathern, 1992a; Ragone, 1994; 2000; Teman, 2008). Gay men’s use of surrogacy involves two controversial pathways to parenthood: the use of donor eggs and the potential absence of a female parent. Consequently gay men’s use of ART may provoke controversy as it potentially challenges normative assumptions and societal prejudices surrounding sexuality, parenting roles and traditional family formations (DeLair, 2000).

There may be multiple actors in the reproductive process that may have, or desire recognised social roles, regardless of their biological ones. Thus, surrogacy arrangements can be complex as the interests of the intended parents, the surrogate, and the future child may differ. Ragone (1994) described how in surrogacy arrangements the disparity in parental genetic contribution to the child was often minimised by emphasising the importance of conception “in the heart” above biological relatedness. In such cases, intentionality in initiating the existence of the child is accentuated in relation to parenthood. Shultz (1990) posits that although this indicates a quite different form of intentionality from that which would accompany a genetic tie, it is a far more significant factor in procreation and parenthood than genetics alone (Shultz, 1990: p300). Dolgin (1997) suggests that although intent is increasingly becoming a substitute for blood, or genes, as the basic connection between parents and their “natural” children, intent is difficult to determine, as well as whose intent is prioritised. She suggests that the notion of intent heralds choice and is generally viewed as contrary to traditional ideas about family relations.

In contrast to heterosexual couples, who may be using their own gametes within a surrogacy arrangement, same-sex male couples are increasingly using egg donation to conceive a pregnancy, yet very little is known about gay men’s motivations, experiences or attitudes towards egg donation (Bracewell-Milnes et al., 2016). Gay men pursuing

surrogacy have to confront additional issues relating to how they incorporate the egg donor and the gestational surrogate into the future child's life, as well as negotiating their feelings around only one father having a biological connection to the child (Berkowitz & Marsiglio, 2007). Similarly to empirical studies on lesbian co-mothers (Sullivan, 2004), intended parents make decisions and undertake planning with considerable deliberateness and self-reflexivity. Genetics, intention, and technology are operating in combination to create a family. Thompson (2005: p5) pointed out that ART demands as much social as technological intervention to make sense of the biological and social relationships that ARTs forge and deny. Thompson uses the term 'choreography' to interpret how biology and technology are co-produced within infertility clinics (Thompson, 2001), and the ways in which ART providers play a strategic role in helping to foreground particular permutations of third-party ART programmes, through clinical visits and procedures. These complex choreographies help to shape the way in which intended parents are recognised as the social parents and are able to create kin and kinship via assisted reproduction (Thompson, 2005).

There has been concern that the creation of families through donated gametes or surrogacy may have a harmful effect on children's psychological development and family functioning, resulting either from the absence of a genetic and/or gestational connection between one or both parents and the child or from secrecy about the child's biological origins. A longitudinal study of psychological adjustment of children born through reproductive donation, which included 30 surrogacy families, showed that absence of a genetic connection to either the mother or the father was not associated with adjustment difficulties (Golombok et al., 2011). At age 10, most children felt positive about their surrogate mother and surrogate birth (Jadva et al., 2012), and the raised levels of adjustment problems reported at age 7 (Golombok et al., 2011) were no longer apparent at age 10 (Golombok et al., 2013) or age 14 (Golombok et al., 2017b). As discussed in section 2.7.5, evidence is now starting to explicitly examine relationships and child adjustment in gay father surrogacy families to understand how men create meaningful kinship networks and the ways in which their family practices follow and / or challenge traditional family norms.

3.4.3 Critical Kinship Studies

As described above, traditionally, notions of kinship have privileged a biological connection, and are further epitomised by the resulting cultural definitions of 'mother' and 'father'. Individuals have achieved parenthood in ways unimaginable to previous generations assisted by an evolving technological landscape (Margalit et al., 2013), and in turn are reshaping institutions such as the family. Critical kinship studies (CKS) (Krolokke et al., 2016; Riggs & Peel, 2016) offer a novel theoretical lens through which to explore these reconfigured families and new meanings of 'kinship'. By examining kinship critically, rather than taking the term as self-explanatory, it will be possible to explore how particular family forms become the norm, the impact of political and structural contexts on men's experiences of surrogacy, and how the inclusion of different family forms can be established by adapting these existing norms. CKS provide a lens through which to explore contemporary forms of kinship, understanding what it means to be in relationships with others, and to challenge previously held perceptions of how we think about family and the ways in which kinship norms are enforced or challenged.

Krolokke et al (2016: p6) suggest four analytical categories that represent the main elements of kinship: kinship as substance; kinship as consumption; kinship as political economy; and kinship (re)imagined. The latter element, (re)-imagining of kinship requires a critical engagement with what Haraway (1992: p295) sees as the reproductive "diffractive optics". These "diffractive optics" provide ways of breaking up heteronormative ways of knowing, seeing, being, that underpins and shapes both responses and visions of alternative families. To date, there has been little application or development of CKS and its categories. However, CKS may provide a useful lens through which to evaluate hereronormativity within healthcare settings and promote healthcare professionals' critical thinking and reflection upon the normative assumptions of family and kinship that may underpin their clinical practice, thus ensuring effective and inclusive care.

3.5 Summary

This chapter has provided an overview of the debates relating to surrogacy as a parenting pathway for gay men. It has served to contextualise the present study within key avenues of enquiry allied to same-sex parenthood pathways, fatherhood, and the ways in which third-party reproduction facilitates reimagined families and kinship which challenge the Western kinship model. This conjoined evidence creates the context for the current study. Importantly, this chapter has also described the theoretical frameworks of CKS and concepts of procreative consciousness and procreative responsibility which will provide a useful lens through which to capture and examine gay men's thoughts, feelings and experiences of their surrogacy journey. The current study aims to explore how gay men perceive their procreative potential and enact procreative responsibility in the context of meeting potential surrogates, rather than female intimate partners, interacting with professionals involved in surrogacy practices, and meeting other gay men who have become parents via surrogacy.

The chapter has included a discussion of the shifting landscape and indicated how historical changes have made it possible for gay men today to become fathers in ways that had not been available to previous generations of men. Despite such opportunities, little remains known about men's parenting desires and reproductive decision-making. The discussion has also examined changing perspectives of the role of fathers in families, and men's increased involvement in pregnancy-related events within maternity services. Yet some men still report being marginalised in such environments, and further research is needed to identify the reasons for this and explore ways in which these services can better meet the needs of prospective fathers. This chapter has also examined the significance of heteronormative views about parenting, gender, sexuality, and previous unfounded concerns about outcomes for children within same-sex families, and those created via third-party reproduction. It has also examined how conventional views about who counts as family, and how biological, social, and legal obstacles, may influence family formation for gay men.

Having now discussed some of the salient literature that has informed the development of this thesis the following chapter, the methodology, will outline the theoretical underpinnings of this research and the methodological and analytical approach undertaken.

Chapter Four: Methodology

4.1 Introduction

Chapter One introduced the aims of the study, and the previous two chapters outlined the key bodies of literature and debates which contribute to the design of this study and its methodology. This chapter describes the philosophical underpinnings of the study and discusses how these assumptions of reality and knowledge are reflected in the methodology and methods employed. The chapter concludes with a description of the analysis process, and a discussion of the limitations of the study.

As discussed in Chapter Two, very few studies have explored gay men's use of surrogacy to become parents, and to date, no studies have explicitly explored men's use of surrogacy within a UK context. This study aimed to address this gap by conducting interviews with gay men, residing within the UK, who have used or were considering surrogacy to become parents, and interviews with key stakeholders involved in the surrogacy process, to gain an understanding of the perceived benefits of this route to parenthood, and gay men's experience within this procreative realm. Before describing the research design, the methods used to explore the research questions, and the sample, the next section will outline the key concepts that have shaped the epistemological choices.

4.2 Philosophical Influences

This research is positioned at the intersection between nursing and sociology disciplines and adopts an interpretive paradigm (see Figure 6). An interpretive epistemology allows the focus to centre on *understanding* what is happening in a given context rather than just *measuring* it (Patton, 2015). Interpretivist inquiry embraces the complex and multi-layered quality of the social world by uncovering and generating thick and rich descriptions of real-life experiences and the meaning that those involved in these events attribute to them (Blaikie, 2007). The ontological position of interpretivism is relativism (Crotty, 1998). Although a real world exists, our knowledge of it is socially constructed and grounded in a particular perspective. As reality is individually constructed, the data gathered may not

provide direct access to reality as different people may construct different meanings of the same phenomena (Guba & Lincoln, 1994: p110). Data are viewed not necessarily as an accurate version of events but reflect how people make sense of their experiences from their own standpoint (Cohen, Manion & Morrison, 2017: p19).

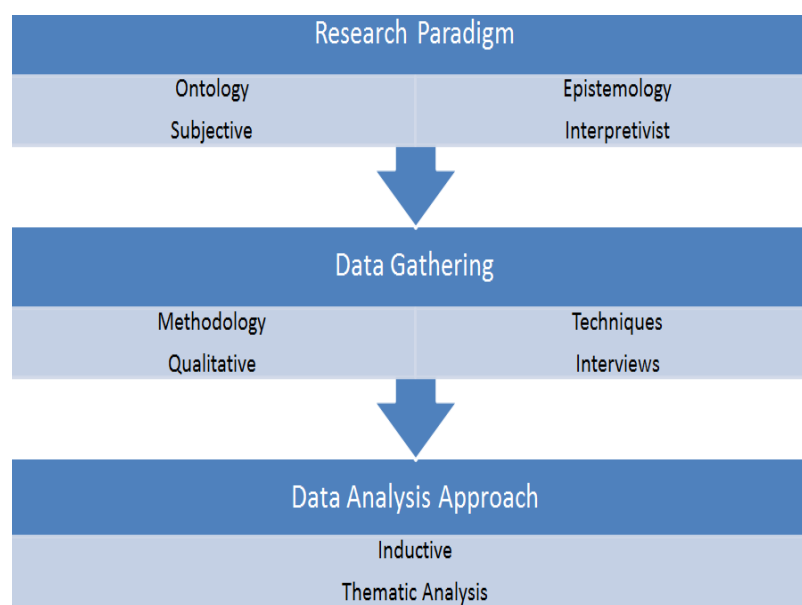


Figure 6: Methodology Map.

An interpretivist epistemology allows for competing understandings and meanings rather than a single unitary truth which speaks to the experience of all people in all contexts. By exploring the experiences and perceptions of those seeking surrogacy, and key stakeholders involved in surrogacy practices, the study aims to investigate the hidden social forces and structures that may influence and / or impact upon these experiences. This exploration will help to explain not only the aspects of surrogacy which are currently working well and those aspects of the process which may be problematic in certain circumstances (McEvoy & Richards, 2003), but also to situate the findings within the social and legal context in which men parent. Socio-historical structural influences, such as notions about procreation, parenthood and reproductive rights will be an important inclusion to the wider discussion about men and reproduction. As described in Chapter Three, ARTs, especially those involving third-parties, have challenged cultural norms and existing concepts of procreation and biogenetic relationships by blurring the boundaries between biological and social kinship (Edwards, 2000; Strathern, 1992b). The use of

surrogacy by gay men potentially challenges normative assumptions and societal prejudices surrounding sexuality, parenting roles and traditional family formations, as well as the previously reported beliefs and assumptions that women are the ones who drive and pursue parenthood.

Theoretical frameworks provide researchers with different “lenses” through which to look at complex issues, focus attention on different aspects of the data, and direct subsequent analysis (Reeves et al., 2008). As the current study sought to capture and expand understanding of gay men’s thoughts, feelings and experiences as they navigate the multi-layered and complex process of surrogacy, the methodological approach in this thesis is also informed by concepts of procreative consciousness and procreative responsibility (Marsiglio, 1991) and Critical Kinship Studies (CKS) (Krolokke et al., 2016; Riggs & Peel, 2016). Chapter three described the conceptual and theoretical use of CKS and procreative consciousness and procreative responsibility within this thesis, as a means of foregrounding men’s voices to draw attention to the ways in which they realise their procreative potential and the situational influences which may facilitate or constrain this expression. CKS emphasise the importance of situating kinship formations and arrangements within broader social relations, especially in relation to underlying social structures such as inequalities and power disparities (Krolokke et al., 2016), which aligns well with an interpretivist position. By analysing how hidden social forces and structures operate to facilitate or limit men’s use of surrogacy, it is also possible to explore how kinship is subsequently shaped and transformed by these issues.

Marsiglio recommended further research was undertaken to establish the diverse ways in which different men, or groups of men, experience their procreative consciousness and sense of procreative responsibility, and the personal and social consequences which may influence men’s ability to do so. By using these concepts to understand the phenomenon of gay men’s thoughts and feelings about family building in the context of meeting potential surrogates, rather than female intimate partners, it will be possible to establish the extent to which normative assumptions about procreation and child-rearing may marginalise gay men as procreative beings. An interpretive methodological position, informed by CKS and procreative consciousness and procreative responsibility, is therefore

well-suited to this exploratory study seeking to explain the complexity of surrogacy as a means of attaining parenthood, allowing understanding and meaning to be explored from a multiplicity of perspectives and theory to be generated which addresses the complexities of people's lives.

4.3 Research Methodology

As there is currently no explicit research on gay men's use of surrogacy to become parents from a UK perspective, this study took an exploratory approach (Bryman, 2015). The exploratory, inductive nature of this study meant that qualitative methods were philosophically congruent with the interpretive paradigm (Rubin & Rubin, 2012). Qualitative research is a form of social enquiry that focuses on the way people interpret and make sense of their experiences and the world in which they live, rather than seeking to measure behaviour (Green & Thorogood, 2013). Individuals actively negotiate meaning through their interactions with others and their association with particular events or actions (Bryman, 2015). Qualitative strategies offer the prospect of authentic accounts of complex phenomena by allowing the researcher to explore in depth and to provide descriptions that are detailed enough to reflect the complexity of the social world (Burns, Grove & Gray, 2012).

As very little is known about gay men's use of surrogacy from a UK context, it was important to capture as much information as possible. In order to fully explore this phenomenon the perceptions and experiences of gay men, and other stakeholders engaged in the practice of surrogacy, were sought. The purpose of the key stakeholder interviews was to collect information from a wide range of people who men may engage with during their surrogacy journey, and thus gain useful insights and previously hidden information from a number of well-connected and informed experts. This would enable clarity to be gained on both practical and legal issues associated with undertaking a surrogacy arrangement, and help guide the interviews with the men. Stakeholders may also offer additional contacts that may be able to elaborate on a specific aspect of surrogacy. However, it must be stressed that the overall aim of this study was to give voice to the men who were pursuing, or had sought surrogacy to become parents, and whose

viewpoints are missing from research. The key stakeholder data is therefore used to complement the men's narratives to gain a fuller understanding of surrogacy within the UK context, but the men's data will be given primacy. This privileging of the men's accounts follows directly from the research questions exploring men's experiences and who they perceived the key stakeholders in the surrogacy process to be, and the roles they played in supporting men during their journeys.

4.3.1 Research Method

Qualitative interviewing is a useful method for accessing little known or poorly understood social arrangements or practices (Mallon, 2004), or for investigating complex issues such as people's experiences and accounts of events, motivations, and perceptions about phenomena (Cormack, Gerrish & Lathlean, 2015). Qualitative interviews are also suitable for exploring voices and experiences which may have been ignored, misrepresented or suppressed in the past (Seale, 2017: p182). The flexibility that qualitative interviews offer is also advantageous in enabling issues such as homophobia and discrimination to be broached with sensitivity, to produce a more in depth dialogue (Seale, 2017).

Collecting information through direct face-to-face contact with the participant has many advantages over self-report questionnaires completed independently. People are more likely to discard questionnaires or leave sections blank, whereas faced with an interview a fuller response to all questions is more probable (Bryman, 2015). Qualitative interviewing allows for areas of uncertainty or ambiguity to be clarified, avoiding any misinterpretation, as well as permitting greater interest in the interviewee's point of view, with new questions being asked, to follow up interviewee data (Rubin & Rubin, 2012). The participant is also given the opportunity to expand upon their response, which is rarely possible or likely in a self-report questionnaire, thus enabling the researcher to gain more knowledge about the meaning of these experiences for the participants (Silverman, 2014). Although the interview method tends to produce non-standard responses which can make the analysis of the data difficult and time-consuming, it provides the level of depth and complexity required for this study that would not be possible to achieve through other approaches.

4.3.2 Data Collection Tools

The existing literature was used to assist in developing the semi-structured interview schedules for both the men and the key stakeholders. In accordance with an interpretivist epistemology, the interview guides included open-ended and flexible questions to provide rich qualitative data and in-depth insights. The interview schedule for the men included questions relating to the participants' motivations for parenthood, their rationale for choosing surrogacy, and their experiences of various stages of their journey. The stakeholder interview schedule asked about their role within the surrogacy process, and their relationship and experience of working with same-sex couples seeking surrogacy. Both interview schedules also explored factors which may facilitate or limit surrogacy from different users' perspectives (see appendices 2 & 3 for full details). The interview schedule was a flexible tool, adopted according to the time duration and nature of the interaction, allowing the interviewer to respond and adjust the emphasis of the research as a result of significant issues emerging during the interview (Silverman, 2016). Whilst the order and phrasing of questions may vary according to conversational flow, it allowed data to be collected that could be compared across interviews (Brinkman & Kvale, 2015).

The first interviews for each data set were used to pilot the proposed interview questions for ambiguity and clarity, acceptability to the participants, and validity. The pilot interviews provided an opportunity to identify any potential problems with the logistics and method of data collection, such as the participants understanding of the questions, and that the questions meant the same thing to all participants. No revisions were made following these pilot interviews. However, as new information emerged through later interviews the guide was refined to include new lines of enquiry with subsequent interviewees.

4.4 Research Ethics

Researchers are obliged to ensure that research is safe, robust and ethical (National Institute for Health Research, 2016). The researcher sought, and was granted, ethical approval by the De Montfort University Research Ethics Committee (REF 1001) prior to the commencement of this research study (Appendix 4). Nurse researchers are also required

to uphold the principles of good research and are bound by *The Code* (Nursing & Midwifery Council, 2015). This framework embodies the key points of legislation; namely data protection laws, which lay down conditions governing the legitimate collection, storage and use of personal data, and the Human Rights legislation (Royal College of Nursing [RCN], 2011) which has implications for this research study. Maintaining respect for and ensuring the safety of participants are central to ethical practice. In particular, research on sensitive topics could cause inadvertent emotional stress and potential harm to individuals (RCN, 2011). Participants must therefore be fully informed of any potential risks associated with inclusion in the research and be given assurances about confidentiality, anonymity, and data storage in order to make a decision about whether to participate. The management of these conditions in the study are described throughout this chapter. A number of unanticipated ethical dilemmas emerged during the study; these are discussed below in section 4.7.

4.5 Research Recruitment and Sampling

Purposive sampling, whereby research participants are selected on the basis of their relevance to the research questions, was employed for this study (Mason, 2018). In line with exploratory research, the researcher sought to recruit people who were knowledgeable about surrogacy, rather than a random sample of the population. In order to address the research questions, data were collected from gay men who had undertaken or were considering undertaking surrogacy to achieve a family, as well as key stakeholders involved in the surrogacy process, in order to explore differing perceptions of the support and advice needed throughout the process.

Although information on the recruitment and interview process is subsequently presented as separate elements in this chapter, it must be emphasised that this study adopted an iterative process, where insight and learning is gathered allowing ideas or concepts to interact continuously in order to inform future recruitment and enquiry (Holloway & Galvin, 2016). Theoretical sensitivity, whereby the researcher becomes aware of important concepts or issues emerging from the data, was a key requirement of this exploratory research approach (Polit & Beck, 2018). This is derived from a combination of personal and

professional experiences, reading of the relevant literature, and constant reflection on the data emerging from the interviews (Parahoo, 2014). To aide this reflection the researcher made field notes immediately after the interviews, to maximise the accuracy of the data collection.

4.5.1 Recruitment

As reported in previous research on intimate and family life, same-sex couples constitute a 'hidden' and "hard-to-reach" population (Weeks, Heaphy & Donovan, 2001; Nordqvist 2012). Currently there are no public records or data to ascertain the number of same-sex male couples using surrogacy to achieve parenthood, so the size of the population is unknown and no existing sampling frame is available to draw upon. In addition, previous scholars have recognised the difficulty of collecting data on surrogacy because of the reported social stigma it attracts which may affect couples' willingness to participate in such studies (Ciccarelli & Beckman, 2005; Poote & van den Akker, 2009). The sensitivity of the research topic and the invisibility of the LGBT population can make such a population difficult to access, and produce a small sample size (Clarke, Kitzinger & Potter, 2004; Stacey & Biblarz, 2001). However, by adopting a qualitative approach with a smaller sample the researcher can gain a richness and depth of data that could not be found with quantitative research.

The aim of the study was to explore the motivations and experiences of gay men who were resident within the UK and had either undertaken surrogacy to become parents, or were considering surrogacy as an option for achieving parenthood. Given the noted challenges of recruiting gay men set out above, the reported social stigma attached to surrogacy, as well as gay men's use of surrogacy being a new phenomenon, men who had considered surrogacy as a pathway to parenthood but had decided not to pursue this option were also sought to try to recruit an adequate sample. Therefore, the initial inclusion criteria were men who:

- self-identified as gay
- were domiciled in the UK
- had used surrogacy to achieve a family; were currently considering surrogacy; or had considered surrogacy in the past and had decided not to pursue this option

Recruitment commenced in September 2012. Recruitment advertisements (Appendix 5) were placed on various online forums and websites: gay support groups' newsletters and mailings, parenting support websites, and UK surrogacy organisations' websites. Flyers were also distributed at national events such as Pride, and at alternative parenting conferences. Participants were also recruited through personal contacts and word of mouth using snowball sampling (Sadler et al., 2010). The men were invited to contact the researcher directly to express interest in participating. When contact was made, the researcher provided additional information, explaining the purpose of the study, what they would be asked to do, how data would be collected and used, and their rights as participants (Appendix 6). If, after this discussion, participants were still agreeable to taking part in the study, they were asked where they wanted to be interviewed, and a face-to-face interview visit was arranged.

The researcher attempted to recruit *couples* to the study, with the intention of interviewing both partners together, to obtain a joint version of their experience, and to convey the collaborative decision-making process to parenthood. Unfortunately in some instances it was not possible for both partners to be available for interview due to work or family commitments, and therefore one partner was interviewed who recounted the couples' experience. None of the couples were interviewed separately.

A purposive, non-probability sample of 14 "cases" were recruited to participate in the study. A "case" is defined as either an individual, or a couple seeking treatment together, even where only one partner took part in the interview. Of the 14 cases, 11 cases were men who had become parents via surrogacy and the remaining 3 cases were men who were considering surrogacy to become parents. No men who had considered surrogacy but decided not to pursue this route to parenthood volunteered for the study. The final

sample of participants was recruited from: two UK surrogacy organisations' online forum (n=3), gay support groups' online forums (n=3), an alternative parenting conference (n=1), a Pride event (n=1), and through snowballing (n=6).

4.5.2 Recruitment of Key Stakeholders

The anticipated problems of recruiting men to the study discussed above, informed my decision to collect data from both the men and the stakeholders in parallel. This was a pragmatic approach to address the potential time-consuming recruitment period, and acknowledge that the stakeholders may become the main source of data to explain the phenomenon if I was unable to recruit men from any of the three inclusion categories identified above. The selection process to identify potential key stakeholders was designed to be three-fold. Firstly, visible stakeholders, professionals and support groups involved in surrogacy were listed, such as the UK surrogacy agencies; UK licensed fertility clinics; the UK fertility regulator, the HFEA; and LGBT support agencies. Secondly, during each of the men's interviews, I asked the participants: "Who do you think are the important people in, or the most important aspect of the surrogacy process?" This enabled me to give primacy to the importance of the research objectives, in identifying and making contact with stakeholders they engaged with during their surrogacy journey, whilst allowing me to effectively progress with data collection during the time delays in men volunteering for the study. Thirdly, key stakeholders who participated in the study referred me to other professionals who they felt may further inform the study (snowball sample), for example CAFCASS and court representatives. The latter two recruitment avenues also provided additional opportunities for advertising for male participants via these stakeholders' networks which I had not previously had access to.

The stakeholders were contacted through various means: the personal network of the researcher, national surrogacy and alternative parenting conferences, or by emailing key organisations to ask if a representative from the organisation would be willing to participate in the study and provide details of their role and responsibilities in supporting gay men through their surrogacy journey. All key stakeholders were provided with information about the study (Appendix 7) and told that their participation was voluntary.

Once agreement to be interviewed was secured, a mutually suitable time for a face-to-face interview visit was scheduled.

Initially this was a purposive sample since efforts were made to ensure that participants came from a range of professional backgrounds to provide a broad range of perspectives. As the collection of both data sets progressed and the initial data analysis began, an interpretative framework was constructed, so a more theoretical sampling strategy was employed to build on the developing theory. Theoretical sampling recognises gaps in the data and seeks out stakeholders with the required characteristics who might provide such additional information (Parahoo, 2014), for example, seeking representation from the UK Border Agency. Theoretical sampling involves sampling interviewees until the categories achieve theoretical saturation on the basis of the emerging theoretical focus (Bryman, 2015). Saturation encourages the qualitative researcher to continue to collect data until no new themes, categories or subcategories emerge. This is often more relevant than the sample size (Polit & Beck, 2018).

A total of 14 interviews were undertaken with 15 stakeholders (one interview was with two members of staff within the same organisation). The key stakeholders form a broad set of representatives from different surrogacy-related backgrounds, including professionals involved in the legal and regulatory processes, LGBT support organisations, surrogacy support agencies, and healthcare professionals (see Table 2).

Surrogacy Stakeholders		Number
Surrogates & Surrogacy Agencies / Organisations	<ul style="list-style-type: none"> • US Surrogacy Agency Representative • UK Surrogacy Organisation (A) Representative and Previous Surrogate • UK Surrogacy Organisation (B) Representative and Previous Surrogate • Surrogate for a Same-sex Male Couple 	4
Legal & Regulatory Agencies	<ul style="list-style-type: none"> • Lawyer • Court Services - Children and Family Court Advisory and Support Service • Children's Guardian - Children and Family Court Advisory and Support Service • UK Fertility Regulator Representative • UK Border Agency Representative 	5
LGBT Support Agencies	<ul style="list-style-type: none"> • LGBT Rights Charity • LGBT Regional Support Centre • LGBT Fertility Organisation 	3
Health Care Professionals	<ul style="list-style-type: none"> • UK Licensed Fertility Clinic Manager • UK Licensed Fertility Clinic Nurse • Midwifery Services Representative 	3
	TOTAL	15

Table 2: Key Stakeholders.

4.6 Data Collection

All the interviews were conducted face-to-face. At the beginning of each interview the researcher explained the full procedure of the study. All participants were made aware of their right to withdraw from the interview or the study at any time without obligation. Christians (2003) suggests that the single most likely source of harm in social research is the disclosure of private information that is considered damaging by participants. Given the sensitive nature of this research topic, it was therefore important that participants had confidence that their anonymity and confidentiality would be maintained, and they were free to refuse to answer any questions posed that may have made them feel uncomfortable. Participants were then asked to sign a consent form (Appendix 8 & 9) to

confirm that they fully understood the study, had been given an opportunity to ask questions, that these questions had been answered to their satisfaction and they gave permission for the interview to be recorded.

4.6.1 Interviews with Men

Whilst my recruitment period was lengthier than I had expected, I managed to recruit more men than I had anticipated, and the majority of these participants had become fathers via surrogacy. Between May 2013 and November 2014, 14 interviews were conducted with 21 men. Three of these 14 cases were with men who were in the process of considering surrogacy to become fathers. These were all individual interviews; one man was single at the time of the interview and the other two men were in a relationship but their partner was not a study participant. The remaining 11 interviews were with men who had become fathers via surrogacy, including seven interviews with couples and four interviews with individuals. All four men interviewed as individuals were in a relationship but their partner was not a study participant.

The participants were given a choice of location for the interview. The majority of interviews (n=9) were conducted in participants' homes; but also in the participants' workplace (n=2); coffee shops (n=2); and in a private room in a local institution (n=1). Once written informed consent was obtained, the participants were asked to provide biographical information. The biographical questionnaire is included as Appendix 10. This included: age, ethnicity, duration of their current relationship, educational qualifications, and the timeframe since they first decided to pursue parenthood. This demographic data is illustrated in Table 3. Anonymised pen portraits of each individual "case" in terms of their pursuit of parenthood are included as Appendix 11.

Table 3: Men's Biographical Information.

Case	Interview Type	Age at interview	Ethnicity*	Partnership Status	Length of Relationship	Time Pursuing Parenthood	Surrogacy Children / Age at Interview	Employment**	Education
1.	Individual	40	W1	Civil Partnership	12 years	6 years	Son 3 years	Routine & Manual	GCSE
2.	Couple	35 47	W4 W1	Civil Partnership	14 years	8 years	Son 6 months	Professional & Managerial Professional & Managerial	A/AS levels GCSEs
3.	Couple	43 38	W1 W1	Civil Partnership	13 years	7 years	Son 1 year	Professional & Managerial Intermediate	Masters Undergraduate Degree
4.	Individual	34	W1	Co-habiting	3.5 years	7 years	Planning	Professional & Managerial	Undergraduate Degree
5.	Individual	37	W1	Co-habiting	20 years	9 years	Daughter 4 years Son 2 years	Professional & Managerial	Masters
6.	Individual	32	W1	Single	N/A	4 years	Planning	Intermediate	A/AS levels
7.	Couple	32 36	W1 A1	Civil Partnership	13 years	6 years	Daughter 3 years	Professional & Managerial Professional & Managerial	Undergraduate Degree Undergraduate Degree
8.	Individual	52	W4	Non-Co-habiting	3 years	25 years	Twins 6 years	Intermediate	Further Education College
9.	Individual	42	W1	Co-habiting	9 years	7 years	Daughter 3yrs	Professional & Managerial	Other not specified
10.	Individual	28	W1	Co-habiting	6.5 years	3 years	Planning	Professional & Managerial	Masters
11.	Couple	50 45	W4 W4	Co-habiting	9 years	6 years	Son 1 year	Professional & Managerial Professional & Managerial	Doctorate Undergraduate Degree
12.	Couple	35 38	W1 W1	Civil Partnership	13 years	6 years	Son 4 months	Professional & Managerial Intermediate	Masters Apprenticeship
13.	Couple	34 37	W1 W1	Civil Partnership	13 years	4 years	Twins 2 years	Routine & Manual Professional & Managerial	Undergraduate Degree Undergraduate Degree
14.	Couple	32 34	W1 W1	Civil Partnership	12 years	2 years	Daughter 3 months	Professional & Managerial Professional & Managerial	Undergraduate Degree Masters Doctorate

*W1 English / Welsh / Scottish / Northern Irish / British; W4 Any other White background; A1 Indian

** Data were collected by asking participants to record their occupation. The resulting classes are devised from the 'National Statistics Socio-economic Classification' (NS-SEC) (ONS, 2010): see Appendix 12

All interviews were digitally recorded. Each interview began with the same opening question, asking the participants when they first started thinking about becoming a parent. Subsequent questions explored participant's thoughts and motivations for pursuing surrogacy, and participants were given the opportunity to discuss their decision-making and experiences. The study participants were asked to recount their experiences in their own words and respond to the questions outlined in the interview schedule (Appendix 2). The researcher followed up and probed on various aspects of this discussion to focus and guide the interview. The interviews lasted between 60 and 200 minutes. At the end of the interview the researcher reiterated to all participants that they were free to withdraw from the study at any point, or could contact the researcher via the contact details outlined on the participation information sheet, should they have any future questions.

4.6.2 Interviews with Key Stakeholders

Between December 2012 and June 2015, 14 interviews were undertaken with 15 key stakeholders⁸. The majority of interviews were conducted in the participants' workplace (n=9); four at participants' homes; and one at a mutually agreed location. Prior to obtaining the key stakeholders' consent to be interviewed, the researcher explained the full procedure of the study, and reiterated the participant's right to withdraw from the study at any time. Each interview began with the same opening question, asking the participants to recount their experiences of working with gay men who were pursuing surrogacy to become parents. The semi-structured interviews allowed a set of topics to be covered with all participants, whilst allowing for flexibility in the order the questions were asked and the way the questions were worded to align with the stakeholder's specific role within the surrogacy process. The stakeholders were asked to explain their specific role in the surrogacy process and the level of support they were able to offer to same-sex intended parents within the UK context. The interviews lasted between 40 and 120 minutes.

⁸ One interview was with two members of staff within the same organisation

4.7 Unanticipated Ethical Issues Encountered

4.7.1 Anonymity

Some ethical issues arose during this study that needed to be addressed. At the time of data collection gay men's use of surrogacy was a new phenomenon in the UK and there had been some media coverage of high profile same-sex male couples who had become parents via surrogacy. Whilst it would have been advantageous to invite these men to take part in the study, it would have been difficult to protect their anonymity, even if pseudonyms were given, as similarities in their interview accounts and the media reported stories may have made their participation in the study too obvious. As researchers must protect the identities of individuals who participate in their research, a decision was made not to purposively seek out high profile couples to participate in the study.

Some of the participants disclosed specific negative experiences during their surrogacy experiences that had resulted in court cases. Given that gay men pursuing surrogacy to become parents is a relatively small community, it was likely that the reporting of these findings may have led to the participants being identifiable, even if their names were changed. Whilst the inclusion of this information would have provided a fuller picture of the challenges UK resident gay men experience in their pursuit of surrogacy, the consent form clearly stated that any details that could identify the participants would be removed from the interview transcript. Whilst it is acknowledged that researchers must provide an accurate representation of the phenomena they are investigating, some data from this study was withheld in order to address anonymity issues.

4.7.2 Internal Confidentiality within Cases

One couple who contacted me to take part in the study suggested that I meet with them, their surrogate, and the child together. Initially this seems like an excellent opportunity to observe the interaction between both parties, and with the child, which I had not previously experienced. However, on reflection, I felt this may jeopardise my data

collection as both parties held very different positions, which may interfere with my focus on giving men's accounts of their journey primacy. There was also a risk that one party may have dominated the interview and / or each party may have been reluctant to discuss aspects of their surrogacy arrangement in front of each other, or feel it was inappropriate to express their true feelings about aspects of the arrangement in case it may impact upon their current relationship. I therefore asked to meet each party separately and clearly stated that I was not able to disclose what information had been shared with me during those interviews so confidentiality was not jeopardised (Forbat & Henderson, 2003).

4.8 Data Management

All interviews were digitally recorded and transcribed in full verbatim. The processes of conducting interviews, transcribing the interviews and interview analysis were taking place simultaneously. The transcripts were fully anonymised. All participants were allocated a code so the personal identities of the individuals who contributed to the findings were not disclosed. Hard copies were then used for analysis purposes. All data and information about the participants was stored electronically on a password protected computer. Hard anonymised copies of data and consent forms were stored in a locked cabinet in a locked office on the university campus. Participants were given pseudonyms and any identifying data such as names and places were suitably anonymised. A brief summary grid was attached to each transcript containing the participant's pseudonym, biographical and parenthood journey and any other notes of interest.

4.8.1 Data Analysis

In order to understand the common and divergent themes emerging from the in-depth interviews, the data were analysed using an inductive thematic approach (Braun & Clarke, 2006). Thematic analysis offers a theoretically-flexible method for identifying, analysing, and reporting patterns in qualitative data (Braun & Clarke, 2006: p6); allowing large amounts of data to be analysed from multiple participants and synthesised into a rich and meaningful account. Thematic analysis can be used as a method to reflect the meanings individuals attribute to their experiences, and in turn, the ways in which the broader social

context influences these meanings (Braun & Clarke, 2006: p9). Thus, the analytical process can develop from a purely descriptive summary of the data patterns to an interpretation of the significance of the broader meanings in relation to the previous literature (Patton, 2015), making this a congruent approach with an interpretivist epistemology. Whilst there is no consensus on how to undertake thematic analysis, Braun and Clarke (2006) suggest a six step process (see Figure 7) to ensure the data is managed and analysed systematically. Although data analysis is outlined below as a linear six-stage approach, it is important to point out that this was an iterative process that involved moving forwards and backwards between the stages to reflect on the meaning-making processes taking place (Srivastava & Hopwood, 2009).

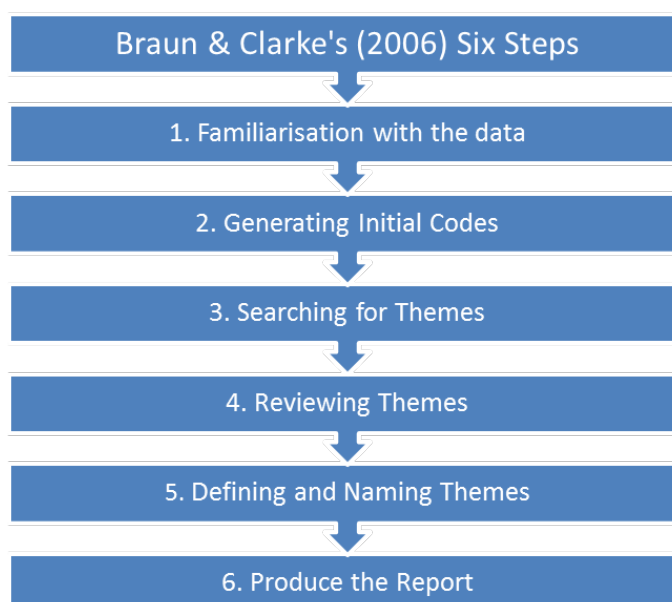


Figure 7: Six Steps of Thematic Analysis as outlined by Braun & Clarke (2006).

In the first phase of analysis, the researcher familiarised herself with the data by listening to the recorded interviews, and reading and re-reading each participant's interview transcript, checking for accuracy. Initially the data were analysed on a line-by-line basis to track the participants' responses to the interview questions and generate initial ideas about the overall content (Bogdan & Biklen, 2007). Word document memos were created throughout the analysis process to note down these initial thoughts and to gain a sense of the various topics embedded in the data. This analysis allowed a case-by-case comparison,

whilst allowing the researcher to develop an overall analysis of each respondent's comments.

Once the researcher had familiarised herself with the data, initial codes were then identified that gave an indication of key interesting features arising from the interviews. An inductive approach was followed, whereby these initial codes were closely linked to the data, rather than trying to fit the data into a pre-existing coding frame (Boyatzis, 1998). In this initial coding phase, a systematic approach was used to ensure equal attention was giving to the entire data set, to identify as much interesting information as possible that could be "assessed in a meaningful way regarding the phenomenon" (Boyatzis, 1998: p63). Each transcript was manually coded by highlighting extracts of text and writing notes in a "coding" column. The codes were further developed and modified as the coding process advanced. Once all the data had been coded, these codes were collated by copying the relevant data extracts from individual transcripts into separate 'code files'. Some coded extracts fitted with different 'themes' so were incorporated into more than one coding file.

In phase three, the collection of different codes were searched to consider ways in which similar codes could be combined and condensed to form potential broader themes. A theme portrays something relevant to the research questions and denotes some pattern of meaning or responses within the data set (Braun & Clarke, 2006: p10). Whilst trying to refocus the data into themes, each code, and a brief description of that code, was noted onto separate sheets of paper so they could be easily moved around to help look for patterns and connections that may group them into potential themes. Appendix 13 provides some examples from the data analysis to show how themes were identified.

The next steps of the analysis focused on reviewing and refining the themes to see which themes could be combined and which ones needed to be separated to ensure that each theme could be clearly distinguished from each other. It was important that the refined themes were compared and checked to ensure they were consistent with the coded extracts and with the overall data set (Braun & Clarke, 2006). The final refinement of themes was an important step in the interpretive analysis by identifying the "essence" of

what each theme is about' (Braun & Clarke, 2006: p92) and how the themes relate to each other to provide an overall picture of the data.

The two data sets were analysed separately in the first instance, after which a simultaneous thematic analysis of both data sets was conducted in order to identify instances in the data corpus when particular areas of analysis figured in both data sets. The individual, complex and diverse experiences of the participants made it difficult to select inclusive themes; themes were selected that were most cohesive. Eighteen main themes were identified from the interview data. These themes were organised into three overarching themes to produce a coherent narrative account of men's motivations to become parents via surrogacy and their experiences during this journey, as illustrated in Table 4. The three overarching themes form the data chapters. The themes developed from the men's interviews data set are presented in Chapter Five: procreative desire, motivations and possibilities, and Chapter Six: procreative decision-making and enactment, and those developed by comparing the analysis across the data corpus are presented in Chapter Seven: men's engagement and experiences with stakeholders. This approach allowed the researcher to present a comprehensive picture explaining the key elements of the phenomena under investigation and to answer the research questions posed (Polit & Beck, 2010).

Procreative Desire, Motivations and Possibilities	Procreative Decision-making and Enactment	Men's Engagement and Experiences with Stakeholders
Desire for Parenthood: Is it a Possibility?	Location and Type of Surrogacy Arrangement Chosen	Encounters between Men and Surrogacy Organisations
Developing a 'Parental' Identity	Selecting an Egg Donor	Men's Experiences with Surrogates
Timing of Parenthood	Biogenetic Paternity	Encounters between Men and Fertility Clinic Staff
Desired Family Structure	Selecting a Surrogate	Encounters within Maternity Services
Would-be-Parents as Explorers	Fluidity of Decision-Making	Navigating the UK Legal System
Pursuing Surrogacy	Disclosure	
Parenting Desire and the Impact on Children		

Table 4: Organisation of Main Themes Identified from the Interview Data.

4.9 Research Rigor

The quality and credibility of qualitative research has frequently been debated (Denzin & Lincoln, 2017). As reality is subjective and differs from person to person in the interpretive paradigm, qualitative research can never be verified in the same way as quantitative research, by replicating a study to check the findings (Rolfe, 2006). However, there is still a need to judge the trustworthiness and integrity of the research (Silverman, 2014). Questions have been raised as to whether terms associated with scientific paradigms are appropriate for evaluating qualitative research (Long & Johnson, 2000; Rolfe, 2006). Lincoln and Guba (1985) modified the concept of trustworthiness by introducing a refined criterion of credibility, transferability, dependability, and confirmability in preference to the traditional quantitative assessment criteria of validity and reliability. The ways in which these concepts have been applied to the current study are now discussed.

4.9.1 Credibility

Credibility is used in preference to internal validity and addresses the “fit” between participants’ views and the researcher’s representation of them (Tobin & Begley, 2004). In order to confidently demonstrate that a true picture of the research findings has been presented, all aspects of the study need to be transparent. A number of steps have been taken to address credibility including clearly outlining the data collection, analysis and interpretation processes. The use of interviews allowed the participants to recount their experiences in their own words, and discuss aspects of their journey not previously considered by the researcher. This allows voices previously unheard or ignored to be included. In addition, a sample of the coding and interpretation of the data were checked by the research supervisors to ensure the coding technique was consistent, and any discrepancies were discussed so the researcher could reflect on any biases (Lincoln & Guba, 1985). When reporting the findings, verbal counting was used to recognise patterns in the data and ensure interpretive credibility (Maxwell, 2010). In line with other qualitative studies employing a small number of participants, words such as “many”, “most”, “the majority”, and pronouns such as “common”, were used to refer to responses from more than half of the sample (i.e. in eight or more cases) whilst terms such as “some”, “a number” or “several” referred to responses from four to seven cases, and pronouns such as “few” or “rarely” referred to occurrences in less than three cases (Sandelowski, 2001).

4.9.2 Transferability

Lincoln and Guba (1985) use the term transferability in preference to external validity to establish whether the findings can be applied to other settings. This can be problematic since qualitative research tends to employ small samples and the findings are embedded within a specific context (Denscombe, 2017). Instead, Guba and Lincoln (1989) suggest that the researcher needs to judge the extent to which the findings from the study can be *transferred* to other social contexts, rather than the extent to which the findings are likely to *exist* in other contexts. The rich, in-depth findings and the extended data extracts produced in this study aim to provide adequate contextual information to enable others to

evaluate the extent to which these findings apply to other situations and make similar judgments in other contexts (Sandelowski, 1986).

4.9.3 Dependability

Lincoln and Guba (1985) use the concept of dependability as a parallel term to reliability, referring to the consistency or repeatability of the findings. This can be a difficult criterion to meet in qualitative research, as the researcher is an integral part of the data collection technique (Denscombe, 2017). Dependability can be achieved by ensuring the research process is logical, clearly documented, and traceable (Tobin & Begley, 2004). In order to show that the current study is dependable, an audit trail is provided so other researchers can clearly see the theoretical and methodological choices and decisions that were made at various stages of the research, and importantly, the rationale for these decisions (Koch, 2006). This includes providing relevant research documentation such as consent procedures, interview schedules, and analysis coding to account for the study's dependability; these can all be found in the appendices.

4.9.4 Confirmability

The final concept of trustworthiness is confirmability. This relates to the steps taken to establishing that the researcher's interpretations and findings are clearly derived from the data, and that they are free from the influences or biases of the researcher (Lincoln & Guba, 1985). Whilst no research is entirely free from the influence of the person conducting it, the researcher is required to demonstrate how conclusions and interpretations have been reached and be mindful of alternative explanations of the data (Denscombe, 2017). Audit trails are important to enable others to follow the decisions that have been made in all stages of the research (Sandelowski, 1986). In addition, I have outlined my positionality in section 4.10 to clearly indicate the ways in which my personal experiences and clinical experience may have shaped this research study. Confirmability is said to be shown when credibility, transferability, and dependability have all been achieved (Guba & Lincoln, 1989).

4.10 Researcher Positionality and Reflexivity

Qualitative researchers acknowledge that the researcher inevitably influences the research process and the knowledge produced, and seek to maximise the benefits of engaging actively with the study participants (Yardley, 2008: p237). The questions explored within the study and the themes generated in the analysis depend upon the experience and 'standpoint' of the researcher (Braun & Clarke, 2013: p279). This subjectivity is acknowledged within interpretivism and as such, the researcher needs to develop a level of reflexivity to recognise the ways in which their own perceptions and experiences may impact on the research process (Koch & Harrington 1998; Dowling, 2006). Reflexivity requires the researcher to consider and reflect upon their relationship with the research on a personal and an epistemological level (Horsburgh, 2003).

My interest in surrogacy, and same-sex parenthood, has no doubt been influenced by my own clinical experience in the field of assisted reproduction and my interest in users' access to ART. My previous role as a Fertility Clinical Nurse Specialist and Fertility Clinic Nurse Manager gives me a professional "insider" status (Chesney, 2000) with a valuable level of understanding about the various stages of ART treatment cycles, and clinical and regulatory practices within UK licensed fertility clinics. Being 'inside' also gave me connections to key stakeholders that I may have otherwise struggled to access. On a personal level, although an LGBT ally, I am a heterosexual woman with no children, and hence an 'outsider' to the participants. It has been suggested that people are more likely to share information with others like themselves (Krueger & Casey, 2014), whilst the gender of the researcher is seen as being more crucial when investigating sensitive topics (Gurney, 1985; Deatrack & Faux, 1991). Whilst I disclosed my previous fertility nursing experience, I chose not to share information about my personal life with participants unless they directly asked for it; only one participant asked about my sexual orientation, and the same participant and one other asked if I had children.

There are advantages and disadvantages of both 'insider' and 'outsider' positions. Insiders may potentially be too close to the subject area to probe and challenge lines of enquiry sufficiently, and risk a level of bias, whilst outsiders may be more curious about issues with

which they are unfamiliar. Hence, the insider's strengths become the outsider's weaknesses and vice-versa (Merriam et al., 2001). Initially, because of the often negative media coverage of ART, and more specifically the use of surrogacy, I was unsure how men would feel about discussing their personal experiences with me. However, it became clear over time that my previous clinical knowledge and experience as both a nurse and someone who has worked within the field of assisted reproduction enabled me to create an easy rapport with participants, who seemed comfortable to share their experiences with me. Disclosing my previous clinical experience, may have enabled participants to be more open with me, knowing that I had assisted lesbian couples to become parents. During the interviews some participants shared information with me that they said they had not previously shared with anyone else. However, I was also aware that my disclosure could result in the participants falsely assuming I had an extensive level of knowledge about surrogacy arrangements, as well as my interactions with the participant potentially leading their accounts in some way, so this needed to be carefully managed. To adopt a reflexive stance I kept field notes, documenting my thoughts and feelings following each interview, and additional questions to include in future interviews. I also ended the interviews by asking all participants: "Are there any other questions you think I should be asking men about their surrogacy journeys?" to help me recognise unintended bias. My limited knowledge of gay men's perceptions of parenthood, and my previous clinical experience working with lesbian women rather than gay men, helped me remain open and attentive to their narratives.

The researcher's social location, biography, and subjectivity may also influence how the research findings are interpreted and presented. Being reflexive during these stages of the research process is important so researchers can identify, articulate and take account of the range of influences that may have shaped their data analysis process (Almack, 2008). Whilst the aim of this study was to privilege the men's accounts to "give voice" to unheard narratives from this marginalised group, it was important to move beyond this descriptive level to a broader interpretative level (Braun & Clarke, 2006). Thus, there were two aims of data analysis. Firstly to understand the participants' world, and to describe 'what it is like', and secondly to "make sense" of the participants' particular experiences by positioning

these descriptive accounts in relation to a wider social, cultural, and theoretical context (Larkin, Watts & Clifton, 2006: 104).

Interpretation of data is a reflexive exercise through which meanings are made rather than found (Mauthner & Doucet, 1998); it is the researcher who makes choices about how to interpret the participants' voices and which data extracts to present as evidence. However, Kidder and Fine (1997) posit that in striving to "give voice" to participants, researchers may be tempted to avoid interpretive authority instead allowing the reader act as sole interpreter so that participants' voices may speak for themselves. The tensions between amplifying the participants' voices and addressing the interpretivist epistemological expectations need to be acknowledged. Interpreting data is about developing a deeper understanding of phenomena, and the experiences and self-awareness of the researcher become part of the data (Shah & Corley, 2006).

Stacey and Biblarz (2001: 161) argue that "it is incumbent on scholars to acknowledge the personal convictions that they bring to the discussion". The fact that I am a heterosexual woman, and not a parent, might have influenced my interpretation of the men's accounts by perceiving them to be the "experts". Equally, both my clinical background as a fertility nurse, which placed me as an advocate for those wishing to become parents, and my personal empathy as an LGBT ally may have blurred my interpretation of the participants' words, or how I presented the data so as not to disparage their parenting desires. Stacey and Biblarz (2001) claim that whilst sexual orientation can limit gay men's access to parenting rights, "sensitive scholars are apt to tread gingerly around the terrain of differences" (p. 162). This may hold true in my study, as at times, it was easy to be drawn into the men's emotional narratives. My responses to these accounts may have impacted on my ways of 'seeing' and 'hearing' (Mauthner & Doucet, 2003) which may have shaped my interpretations during the data analysis stage. Other readers may have interpreted the accounts in different ways depending on their social location and perspectives (Denzin & Lincoln, 2017). Regular discussions with my supervisors helped me to "take a step back" from the participants' accounts and remain mindful that in any research project the dynamics of what is and is not told to the researcher and the ways in which these accounts are shaped are complex (Almack, 2008). This encouraged me to reflect on the ways in

which my position, personal biases and preconceptions may be limiting my understanding of aspects of their stories, in order to present a fair and accurate portrayal of the phenomenon.

4.11 Limitations

The findings from this study must be viewed in light of its methodological strengths and limitations. The study employed a small, self-selecting number of participants which makes any generalisations of the findings impossible, though that is not the purpose of most qualitative research (Polit & Beck, 2018). The majority of the participants were White British and had a middle-class background, so there was a lack of diversity in regards to ethnicity. The financial costs of surrogacy may also limit this parenting route to only those men with sufficient finances to fund this option (Bergman et al., 2010; Berkowitz, 2013). Thus, the views and experiences of these participants may not represent those of all same-sex male couples who have become, or seeking to become parents, in the UK. Similar limitations have been reported in other studies of gay men pursuing surrogacy (Dempsey, 2013a; Murphy, 2013). This study focussed on gay men who had, or were considering, parenting via surrogacy and therefore it does not capture those who did not pursue surrogacy and their reasons for this; although the study's initial inclusion criteria did seek to find men in this category. Equally, the men who had undertaken surrogacy had all achieved parenthood via this route; men who used surrogacy but did not become parents may have had different experiences.

Whilst the researcher attempted to recruit *couples* to the study to capture information about men's collaborative decision-making in relation to parenthood, this was not always feasible. The men's data set therefore consists of joint and individual interviews which are qualitatively different. There is a small but growing methodological literature on the benefits and limitations of interviewing couples together or separately. Joint interviews are increasingly employed in interpretive social research as they allow for the collection of data on interactions and negotiations (Wimbauer & Motakef, 2017). However, responses to sensitive interview questions may be influenced by the partner's presence and the need to provide responses perceived to either be acceptable to the partner or consistent with

the partner's perceived position (Zipp & Toth, 2002). Individual interviews may capture unique perspectives more easily than in joint interviews.

Interviewing couples rather than individuals can be more challenging in terms of recruitment, interview practicalities, and the complexity of the analysis (Bjørnholt & Farstad, 2014). Whilst these challenges may be time-consuming, they can be minimised. Couple interviews have several advantages over individual interviews, such as producing richer and more comprehensive data as interviewees fill in each other's gaps and memory lapses (Mellor, Slaymaker & Cleland, 2013). This may be beneficial as participants were reporting on their feelings about retrospective events, which may not necessarily correspond to their feelings at the time of their surrogacy arrangement. In addition, joint interviews solve the ethical problems of anonymity and consent among interviewees, and reduces the possibility of the interviewer bringing prior knowledge, gained in the first interview and relating to the couple unit, into the subsequent interview (Ummel and Achille, 2016), which may present potential difficulties for confidentiality (Zarhin, 2018).

The current study was not designed to explore differences between individual and couples, but rather to hear their stories of their surrogacy journeys. A combination of couples' and individuals' data is a common feature in research on infertility (Throsby & Gill, 2004). In addition, gay men have previously been noted to be a hidden population and hard to reach group (Heckathorn, 1997; Matthews & Cramer, 2008) and therefore the sampling method and interviewing strategy employed in this study may be justified. Whilst it is acknowledged that the data in this study are qualitatively different, there are many other factors which shape interview encounters (Manderson, Bennett & Andajani-Sutjahjo, 2006). Whichever approach is employed, interview data are not seen as exact representations of 'real' experiences but constructions, narratives or stories produced in the specific context of the research interview (Bjørnholt & Farstad, 2014). It is hoped that the depth and richness of data collected from the participants may help to counterbalance the limitations. Future research with a larger and more diverse sample would be beneficial in confirming the findings from this study.

Whilst the inclusion of the key stakeholder interviews provided useful insights and previously hidden information about surrogacy practices, it is acknowledged that a single informant from one specific aspect of the surrogacy pathway may not represent the views of other stakeholders in that sector. However, surrogacy is a niche field with a fairly small community of stakeholders and this study includes accounts from a number of expert key players. The paucity of research on interactions between intended parents and surrogacy stakeholders also make these findings worthy of inclusion.

This study was undertaken by a researcher who identifies as a heterosexual ally. This may be a methodological strength of the study as the researcher did not have personal experience of the phenomenon being investigated so could remain objective and avoid any bias. However it must be acknowledged that coding data from the perspective of an ally may bring a different result than if the researcher identified as a non-heterosexual individual (Platt & Lenzen, 2013). Despite the noted limitations, this study adds to existing literature by being the first study explicitly focused on UK resident gay men's motivations and experiences of parenthood via surrogacy.

4.12 Summary

This chapter has outlined the underpinning theoretical and philosophical influences, the rationale for choice of methodology and research design, and methods of data collection and data analysis. The following three chapters will present the findings generated from these processes. The three findings chapters are primarily descriptive data; the material is then discussed in more theoretical terms in Chapter Eight. The next chapter, Chapter Five, focuses on gay men's desire for parenthood, the factors that may activate or heighten men's procreative consciousness, and their motivations for choosing to parent via surrogacy.

Chapter Five: Procreative Desire, Motivations and Possibilities

5.1 Introduction

This is the first of two chapters describing the findings from the 14 semi-structured interviews with 21 men who had undertaken surrogacy, or were considering surrogacy, to become parents. These chapters are broadly organised in a chronological order according to the men's narratives of events, and includes primarily descriptive data; the material is then discussed in more theoretical terms in Chapter Eight. This chapter explores the factors that shaped men's desire and motivation for parenthood, and considers how gay men's procreative consciousness develops within a heterosexist social context. The chapter then undertakes an analysis of the events that motivate men to act upon their parenting desire, as well as their perceptions of the possibilities to become parents, and how this may be facilitated within the UK context. Finally, the chapter explores men's rationale for pursuing surrogacy as their preferred route to parenthood and their perceptions of the potential impact of this decision on their future children.

The following two chapters discuss the participants' accounts of their decision-making in relation to their surrogacy arrangement (Chapter Six), and their interactions with various stakeholders they engaged with during this journey (Chapter Seven). The analysis is informed by concepts of procreative consciousness and procreative responsibility (Marsiglio, 1991) and Critical Kinship Studies (Krolokke et al., 2016; Riggs & Peel, 2016).

5.2 Desire for Parenthood: Is it a Possibility?

In contrast to heterosexual men, it has been suggested that gay men do not see how their desire to be a father could ever be actualised (Shernoff, 1996), reflecting not only heteronormative social values, that a child should be raised within a heterosexual family, but also men's acceptance of society's assumptions (Brinamen & Mitchell, 2008). As discussed in section 3.2, Bozett (1993) articulated the social views at that time, that the term 'gay father' was considered an oxymoron, since the identities of 'gay' and 'father' were seen to be mutually exclusive. However, such a view fails to acknowledge the

existence of a strong desire to parent amongst some men. Some participants in this study, like Nick and Harvey, reported a deeply held desire and had always known they wanted to be a father:

I guess somewhere deep down inside I always just knew or thought that I wanted to be a dad or a father, so it was just sort of an inbuilt kind of thing. (Case13 Nick)

It was just a natural want to be a dad...but is it realistic? How is it going to happen type of thing? (Case4 Harvey)

Whilst these men's desire to become a parent was unquestionable, other participants who also wanted to be a parent expressed a sense of regret and disappointment that their limited insight, or the landscape at that time, meant they could not imagine how this could possibly materialise:

It was quite early on in our relationship that we talked about it [being parents]. But we talked about it in the context of we would love to be but we won't be...we just had an assumption that it wouldn't happen...it was more learning to live with the fact that we wouldn't have children rather than having them. (Case5 Oliver)

I am 47 so of that generation where it was a struggle to come out; it was a lot more kind of cloak and dagger...I never thought I could have a family, never really thought about it. (Case2 Robert)

I think I dismissed it; it was not an option after coming out, it wasn't going to be a straightforward option. During coming out and meeting other couples, same sex couples, typically you'd meet children from their previous straight relationships and that was of the older generation and I thought well that isn't going to fly for me. (Case13 Owen)

These accounts suggest that for some men, like Robert, becoming a parent was beyond his thinking, whilst for others, like Owen, the anticipated difficulties in becoming a parent

were felt to be insurmountable, so his procreative desire was dismissed. This may reflect a generational perspective, as younger men in the sample reported expecting to be parents. Furthermore, the younger participants seemed to be confident that there would be a viable option available to help them create a family, even if they were not clear about what that option was, what it may entail, or how to access it:

I think a lot of gay people grow up going oh I never will be able to have children and I guess we were just about the cusp of the time that people grew up when actually it could be a bit more of a possibility...I grew up with the thing of if I want it, I'll find a way; that was the general attitude. (Case14 Elliott)

I had come from quite a large family...Even from a very young age I wanted to have a family. I never felt that being gay ever stopped me from wanting to have a family or having a family even. So I think that's always been part of me...I always felt I would have a family. (Case2 Dylan)

These accounts seem to reflect a change in social attitudes about the image of, and possible life trajectories for gay men. A shifting landscape of technical and legal possibilities has also provided additional opportunities for gay men to become parents. Kieran's account suggests that these developments have not only changed his future but are changing the wider community:

I think this new gay baby boom that is happening everywhere is having a deeper impact in the gay community, because before, the image of being gay was I'm single, free and available and I'm here to party all my life. But now hang on a minute, I can have children, I can have a family, I can transfer my inheritance onto someone else who can be my son or my daughter, and this is I think changing the LGBT community. (Case8 Kieran)

5.2.1 Developing a 'Parental' Identity

Many of the participants had taken on an alternative 'parental' role and, having enjoyed that connection with the children, had wanted to create a family of their own. For example, Kieran had worked as an *au pair* for a family of five children and this childcare experience had generated a desire to have his own family:

I was enjoying it and really identifying myself as a parent myself of these children...I was comfortable with the idea of being the parent of these children that I decided then I would have to be a father at some stage...I didn't know how at that time it would happen or it would materialise, but that's when I decided. (Case8 Kieran)

Other men talked about the enjoyment they gained from their role as an uncle, or from looking after their friends' children, and now wanted that input on a more permanent basis. This time spent looking after children seemed to spark or strengthen some men's motivation to act on their desire for parenthood. Robert's account suggests a desire for a closer attachment to a child; a relationship in which he is needed as a source of comfort for a child. This parental nurturer role may be more traditionally associated with being a mother. Similarly, Kyle's use of the word "broody" is interesting given that this term is traditionally used to describe a female's, rather than a male's, intense desire to become a parent:

I noticed in the last few years, especially with my brother and sisters all having kids that I was missing out and I started getting a broody feeling. ...that relationship [nephew/uncle] can only develop so much and I am not his dad but I have got the feelings there to look after him in a sense of being a dad...I need to be able to have that same sort of relationship but carry it on further and have that responsibility. (Case6 Kyle)

I wanted a baby that would cuddle into me and would look at me when it wants reassurance. But none of your friends' kids do that. As much as they love you and will play with you, they don't look at you when they bump their head, and they

don't come to you when they are tired. And he [son] does all that, and that's what blows me away. (Case2 Robert)

We just absolutely enjoyed every minute of having her [niece], and then her little brother came along so we had them about every four to five weeks...it's always been natural that we'd want to have our own children. (Case12 Nathan)

Other participants' parental desire seemed to be triggered by seeing both their heterosexual and their gay friends becoming parents, which led to them questioning if this was something they may also want to pursue:

I think we saw our clumsy normal friends, straight friends, become really good parents and thinking, I mean [male friend] can't even turn up on time and like drive in a straight line and they are brilliant parents so maybe... (Case2 Robert)

They [friends] got married and they hadn't really thought about a family and then his wife was pregnant so they had to just crack on with it. And he said it has its up and its downs but ...he wouldn't have it any other way and what they bring to your life is far greater, and all the positives outweigh all the negatives. And after a few conversations with him and thinking about it even more, I came round to the idea. (Case3 Luke)

Although the increase in lesbian women having children had acted as a positive reinforcement for some men, there was still a perception of an additional gender-bias, presenting more complexities for gay men than for gay women. The following accounts suggest that these additional difficulties relate to practical issues such as finding egg donors and surrogates, as men are unable to bear children, but also societal attitudes to gay men raising children:

Gay women have been able to have families because they just need a donor, whereas we don't need the donor but we need an egg donor potentially and certainly a surrogate and that's unbelievably more complex....it's massively more complicated for gay men than it is for gay women. (Case3 Noah)

My impression is it's easier for lesbian couples to find a child than it has been for gay men. There are some really deeply entrenched homophobic attitudes towards gay men and that this will raise gay sons in the process which is just jurassic. (Case10 Ian)

Whilst same-sex female families were becoming more visible, some participants reported that they had not encountered any same-sex male families. This lack of gay parent 'role-models' reinforced their perception of the difficulty in achieving parenthood as a gay man. However, over time more celebrities and high profile same-sex male couples have openly discussed their journeys to become parents in the media, which seemed to encourage some men to also seek out these opportunities. Whilst these media stories were inspiring and encouraging for some participants, others could not relate to these celebrity stories, as their lives were far removed from the situations they were reading about:

I'd written it [parenting] off. All my life I'd always sort of thought to myself well I'll never actually be a father because gay people aren't fathers. I mean I had no role models to look up to; I had no examples of any gay parents...and then Tony and Barrie Drewitt-Barlow, you know, when we saw them on GMTV all those years ago, I think that was the first time I really started thinking ok, this is perhaps something that gay people can do. (Case1 Charlie)

I don't know anyone personally who has had children in a gay relationship so it's been a splattering of media people and there are a few high profile Americans who do it. But I am less influenced by media celebrities having children....it's too divorced from reality I think. Also they occupy positions of wealth so they will have the means to do whatever they want, whereas the constraints are more considerable for everyone else. (Case10 Ian)

Whilst these media stories confirmed the possibility for gay men to become parents, the celebrity status of those disclosing their parenting journeys portrayed a specific level of income needed to finance such a desire. This level of privileged circumstances was difficult for participants to relate to and seemed to create a sense of disconnection with the participants' own situation. Some men seemed to be more inspired by actually meeting others like themselves, who had become fathers via the surrogacy process, and being able to connect with these families:

I think it helped in actually having somebody there who we could ask questions of, and it made it very real. Here was a couple sat in front of us who had a little girl, so yes that was useful. (Case1 Charlie)

(Owen) I mean being able to meet them [gay fathers] it was quite an emotional thing because all of a sudden we talked the talk of surrogacy, but then when you actually see it in front of you, a dream that you never realised you had or potential, and there they were, two dads and a great kid.

(Nick) So it suddenly becomes real and a tangible thing that can actually happen. (Case13 Nick & Owen)

The participants' accounts suggest a socio-cultural shift in which their parental desire was shaped by changing attitudes towards lesbian parenting families and exposure to two-father families. In addition, spending time with children of their friends and family provided opportunities for men to reflect upon their own desire to parent and start imagining a family of their own. As men became more aware of the logistics of becoming parents their procreative consciousness seemed to emerge or heightened as they were able to visualise a dual identity as both a gay man and a parent.

5.3 Timing of Parenthood

The decision to act upon a desire to parent may be propelled by a range of motivational factors. These factors may influence when men start to research their options or embark upon their preferred pathway to try to build their family. The reasons participants cited for

their timing of parenthood were shaped by personal, relational, and situational considerations.

5.3.1 Age

The demographic profiles of the participants showed that the mean age at which the men in this sample starting considering their options to become parents was 31 years of age, but this ranged from age 17 to 44 years of age. Of the 18 men in the sample who had children via surrogacy⁹, the average age at which they had become parents was 37.6 years, but this ranged from 29 years to 49 years. This age is notably higher than the standardised mean age of all fathers of babies born in England and Wales in 2016, which stood at 33.3 years; up slightly from 33.2 years in 2015 (Office for National Statistics, 2017b). This difference in age is not surprising given that the participants in this study had spent an average of 5.7 years pursuing their desire to become parents (see section 5.4.1).

Many men cited their age as a factor for embarking on parenthood. Those that had always wanted to become parents had not acted on this desire until they reached an age that had prompted them to start exploring options. Three men also talked in terms of a 'biological clock' ticking, suggesting a concern that there was a 'window of opportunity' to become a parent, and such opportunities may be lost if they failed to act within a certain time period. Other participants recounted that they wanted to be young fathers and have children whilst they were still young enough to enjoy being actively involved in family life. Some had a set age by which time they wanted to have started a family:

We'd always said the age that we wanted [to become parents] so I didn't want to be any later than thirty five, so in order for us to have children grow up and us still not be too old to enjoy our life after children, but also things like grandchildren so that we're not old, old. (Case14 Flynn)

⁹ The remaining three participants were still planning their family.

[Female friend] said, no, no, seriously, tick tock, tick tock; you're not getting any younger. And I did think oh god, yes, she's right (laughs)...so I was celebrating my 35th birthday and you're sort of immediately doing the maths and thinking so if I have a kid born when I'm 40, I will be 58 at his 18th birthday, and that sort of really woke me up to get moving with this. (Case1 Charlie)

5.3.2 A Partner to Parent With

Finding the 'right' partner to parent with was important for some men, who were actively seeking out partners with the same life-plans as themselves; as four of the participants identified:

It was a relationship make or break kind of thing, do you want a family? (Case7 Harry)

My partner knew what I wanted when I met him. (Case4 Harvey)

I've asked in every relationship; would you be willing to be a father with me. (Case8 Kieran)

It must have been on third or fourth date we talked about having a family...I guess it's one of those questions that's good to ask, do you want to have a family? (Case13 Owen)

However, other participants were influenced by their partner's passion and desire to become a parent. In four cases, participants reported that, until meeting their current partner, they had not consciously considered becoming a parent:

At the time [partner] was certainly more gung-ho than I was, [partner] had always said he wanted kids, and for me I kind of enjoyed, ...you know, we could afford a really good lavish lifestyle compared to most of our heterosexual friends, especially the ones who had kids (laughs). (Case1 Charlie)

I think [partner] kind of brought my very loose aspirations forward. (Case7 Dean)

5.3.3. Stability

For some men, achieving some form of personal stability was the key driver in enabling them to consider pursuing parenthood. This may have been either a perceived level of domestic or financial security to start planning a family, or having achieved a specific career position which now made it viable to consider having a child:

We'd done all this house up, we'd made a home, we'd nested and yet it was empty.
(Case13 Owen)

Because I knew I would have that financial security...I'm quite buoyant in the stock market which is good, I knew there would be means to be able to afford it which is quite an important factor. So my work enabled me to think about children as being a realistic prospect. (Case10 Ian)

(Elliott) We'd been gearing a lot of stuff financially....kind of overall bills and equity and money; we like to know where we're heading in terms of money.

(Flynn) Essentially we didn't want to be in a situation where we're raising a child and we haven't got enough money to do it.

(Case14 Elliott & Flynn)

5.3.4 The Next Step

All the participants except one, who was single at the time of the interview, were in long-term relationships, having been a couple for a mean of 10.8 years (range 3 to 20 years). The majority of participants were in civil partnerships (7 cases) whilst in five other cases the participants were co-habiting. The remaining case was a non-cohabiting couple. After confirming their commitment to each other, many men reported that having children was the natural next step in their relationship:

It came about as a natural evolution of us getting married... I think once I realised I was gay I probably just consigned it to one side and never really thought about it and it wasn't until we got married and then started talking about where to go next, after that I really started thinking about it again. (Case3 Luke)

I suppose it was about 18 months later [after Civil Partnership]; for us I think it was just the next logical step. (Case1, Charlie)

Once the men had made the decision to become parents, there was an intense drive to achieve their goal:

It was the strangest thing because it was like somebody lit a fire under my arse. Honestly, that's the only way I can describe it because I just suddenly, all I wanted was a child. And for the first time in my life I started noticing pregnant women everywhere I went, and families and little kids, and the thought of actually having one, ourselves, became my sole ambition. (Case1 Charlie)

Such accounts refute previous suggestions that it is women that drive decisions to parent. Participants who had a set idea of the age at which they wanted to become parents, talked about 'managing' this by allowing sufficient time to seek out their options. For these participants, they always knew they would require assistance in their quest to become parents; they didn't have the "luxury" of just stopping contraception and seeing if it happened. Unlike heterosexual couples, there would be no 'accidents' resulting in a pregnancy:

It's not like if you're married and you then get pregnant and you have a baby...whether you've thought about it or not, it's there. There's an awful lot of thinking that you have to do and be sure that you want to do it. (Case3 Luke)

Timeframes would have to be considered to allow men to work through the assessment stage for any chosen route to parenthood, and to accept that even once this process

started, there would be no guarantee that pregnancy would occur on their first attempt. As Harvey (Case4) pointed out, *"it takes so much time to make a baby"*.

Many of the factors triggering men's timing of parenthood echo those reported by heterosexual couples and lesbian women (Umberson, Pudrovska & Reczek, 2010; Goldberg & Allen, 2012). These included individual factors such as age, relational factors such as finding the 'right' person to start a family with, and situational factors such as being financially secure enough for one partner to take time away from their job to look after a baby. However, for the participants in this study there were also contextual factors to consider, such as the changing legal and technical landscape sparking gay men's procreative consciousness. Without such possibilities, men's personal preference in relation to their timing of parenthood was inconsequential.

5.4 Desired Family Structure

Research has shown how the heteronormative model of the two-parent family has a strong influence on both the timing of parenthood, being in a committed and stable relationship, and the family aspirations of young gay men (Rabun & Oswald, 2009; Goldberg & Allen, 2012; Murphy, 2015). Participants in this study aspired to have what they called a 'traditional family':

Although we are obviously in a same-sex relationship and that makes us quite untraditional I think in every other respect of our lives we are actually really conventional and quite suburban and do quite mundane things and we are not any different to anybody else. And I think in a way having your own biological child fits that model of conformity and I think that's what we were aspiring to be on some level. (Case7 Dean)

I am quite a family orientated person; I would love it to be with a partner in a traditional sense, in a house...the second choice if I had the money would be to do it by myself. (Case6 Kyle - single)

Several participants suggested that people's common negative views about two gay fathers were unfounded and based on ignorance or lack of exposure to two-father families. Whilst Elliott (Case14) believed that "*familiarity breeds acceptance*", and therefore if society learned to view them 'just as a normal family', these arrangements may become less threatening to dominant notions of family and kinship:

I think there is still this thing where gay parenting is very new, and I think some people still can't quite understand how two men or two women can bring up quite a nice, well rounded child. They find that quite difficult and I think unfortunately there are social workers who are still in the system who still can't quite understand that. (Case3 Dylan)

To emphasise the similarities between themselves and heterosexual families, it was common for participants to give examples of how "normal" their experience of both creating a family, and eventually being parents were:

Just a traditional family life, parents, child at home and you do what normal families do. (Case9 Ethan)

We just turned into a normal couple really, like straight people, you have miscarriages, you don't tell anybody, you have the heartbreak, you have half decorated the room and then ... So you know what, it just made us normal, and made us more understanding of how difficult it is to have children. (Case2 Robert)

Participants wanted society to see the ways in which their lives 'matched' those of heterosexual families; this appeared to be the model the participants *wanted* to follow, rather than feeling 'forced' to follow. So in some ways, men perceived themselves to 'be different, but the same':

I don't want any difference, you just want equality... Coming out is difficult enough to be accepted into society, let alone slapping being a gay parent on top of it. Whatever that even means because ...that term doesn't mean anything, it's like being a parent...Family matters; we were a family before we had kids, but now we're a family like the rest of people, everyone else. (Case13 Owen)

We don't think about being gay parents, we are just a family, we are a couple with children...even people who are not sure or think they are not sure how they feel about it, I think once they spent about two minutes with us as a family they forget, and we are just parents and children and it's just a family doing normal stuff and I think people forget. (Case5 Oliver)

5.5 Would-be-Parents as Explorers

The route to parenthood had not been an easy or smooth one for the majority of participants. Time had been invested in planning various aspects of any chosen route; in the search for a woman who wanted to co-parent with them; for making adoption or fostering applications (and the time involved in this processing); or finding information about surrogacy, and additionally, time finding an egg donor and surrogate. The participants had spent an average of 5.7 years pursuing their desire to become fathers¹⁰, but this ranged from 2 to 9 years. One participant was excluded in this calculation, as he had been trying to become a father for 25 years (and as an outlier, this skewed the data):

My first aim in order to achieve this [parenthood] was to start asking around my female friends... would they volunteer to bear a child for me. And that's when it all started gradually and I'd been asking for 25 years, I'd been asking around, up to the desperate point of maybe about 10 years ago. (Case8 Kieran)

Kieran had been searching avenues to become a parent at a time when options were not readily available or legally accessible for gay men. However, his account illustrates some

¹⁰ Defined as the timeframe from seeking options to actually becoming a father or at the time of interview, if still seeking surrogacy.

men's level of global and enduring procreative desire (Marsiglio, 1991) and determination to become a parent. Gay men wishing to become fathers are limited by biological possibilities and therefore always require a 'facilitating other' (Mitchell and Green, 2007). This process requires conscious planning and navigation of options, as Owen and Charlie point out:

If we don't grasp it, we won't do it because obviously it won't happen naturally.
(Case13 Owen)

Gay people don't become parents by accident. I've never known kids to be more wanted than with gay couples or couples who have struggled with infertility in some way. (Case1 Charlie)

However, historically, the UK legal position has often presented barriers to gay men becoming parents. Consequently, many gay men became fathers in the context of a previous heterosexual relationship, or more recently, by co-parenting. Many participants in this study were seeking parenthood at a time when there was less accessibility to adoption, fostering or surrogacy within the UK context, with single gay men being denied adoption rights, and same-sex male couples struggling to gain access to ART. Hence, whilst some participants had a clear idea from the outset of what their preferred route to become parents would be, for others it was a process of elimination, after considering the benefits and limitations of the different avenues.

5.5.1 Fostering

Fostering seemed to be the less favoured route to becoming parents. The majority of participants had never considered this option at all, whilst a minority few only considered it because they were unaware of alternatives at that time. Participants perceived the temporary basis of this arrangement as being the main limitation:

Fostering we crossed off the list quite early on because we knew that we wanted children for the long haul. Fostering can be such a short period of time to have children and we wanted children, we wanted to build a family and for the long term. (Case13 Nick)

Fostering and adoption processes also involved some practical restraints for same-sex male couples, as Oliver pointed out:

There were a few things that are just process driven that they didn't think about, that don't work when you are two men. We were given leaflets to read about adopting or fostering and how the father shouldn't be left alone with the child in case there were false allegations of abuse. We were like, we are two men, do we always have to be together with the children; it's just not feasible. (Case5 Oliver)

5.5.2 Co-parenting

The previous highlighted restrictions with fostering meant that other options, such as co-parenting, whereby men become parents and share parenting responsibilities with a lesbian woman or a heterosexual woman they are not partnered with, had been initially considered by some of the participants. This route enabled the men to have their own child, genetically related to one of the partners, and also to parent a child from birth:

Whilst it's not ideal as you wouldn't have sole custody...if it means that we could actually have a child, a biological child, we'd be willing to do that. (Case14 Flynn)

One of the obstacles associated with this specific parenting route was finding a woman who also wanted a child and needed someone to father that child. Whilst some men like Kieran reported discussing this with their single female friends, others made contact with lesbian women or single heterosexual women who found themselves in a similar situation of needing a sperm provider to become pregnant:

I wasn't with anyone in a committed relationship so I was considering ways of co-parenting. So I knew a lesbian couple and they asked me if I would be involved in some form of co-parenting and I agreed to it. We tried for about three cycles.
(Case4 Harvey)

Whilst co-parenting offers an opportunity for one of the men to be genetically related to the child, it raises other challenges, such as the potential for disagreements after delivery. If both parties are not clear on each other's role, responsibilities, or desired involvement with the child, this arrangement can be problematic. Some women may not want the father to have joint responsibilities or to share child care arrangements, and may only have viewed the man's involvement as simply a sperm donor and nothing more:

They couldn't commit to me that...my agreement was that I would want to be involved as much as possible. I felt bad letting them down but I had gone into it thinking it was maybe my option, my calling, and I realised I wanted more involvement than what was offered. (Case4 Harvey)

I wouldn't want the conflict if one wanted to take more responsibility than the other. That's how it starts, so the child is going to suffer at the hands of the two individual units. And it would cause a lot of disruption and I wouldn't want that.
(Case6 Kyle)

In addition to perceiving co-parenting as being 'complicated', some participants also questioned how this arrangement would 'fit' with their own relationship. For example, what role would the non-biologically related partner play, as the child already had a second parent who would be actively involved in their day-to-day life?

When you contact someone for co-parenting you involve four parents; your partner and the other person's partner; never mind two parents, four parents become quite complicated. (Case8 Kieran)

You had a conversation with [lesbian friend] about having your own [genetically related child], a co-parenting situation, and I just remember feeling, I really recoiled I think when you had that conversation because the thought of involving a third or fourth person in the parenting relationship made me feel really, I don't know why I just felt a bit excluded. (Case7 Dean)

Like many of the participants, Nick and Charlie were not prepared to parent on a part-time sharing arrangement:

If we have children I want them to be mine and it would just be difficult. Well you just want them in your family home. I don't know if it's a little bit selfish but... (Case13 Nick)

We didn't like the idea of one week on, one week off. If you're going to be parents be parents, you know. And to make the decisions on where the child goes to school, those are very emotive decisions...and the thought of actually then having arguments and where could that go....and there is very little legal status for the men...so even if you're the biological parent, she can very easily go and move to Aberdeen and you will pay, and you will never see the child. You know, it's very easy for women to do that and they do do it. (Case1 Charlie)

5.5.3 Adoption

Adoption was by far the most common route that the participants explored before deciding upon surrogacy, with two-thirds of the men in the study considering adoption as a possible route to parenthood. Although men were more familiar with the concept of adoption, and it offered the possibility of a “full-time” family that the majority of participants sought, it wasn't necessarily perceived as a simpler route than surrogacy. As Noah (Case3) points out, “*frankly neither of them is very easy*”. However, it was perceived as a more affordable option than surrogacy:

What you see of surrogacy portrayed on the telly, where you see extremely rich gay men going over to California and paying an arm and a leg, literally, to get their kids. And I think I was sat at that point thinking I don't think we can even afford it so let's try adoption. (Case3 Luke)

Luke and Noah also discussed the adoption route in terms of 'giving something back to society'. This sentiment was echoed by Oliver, who at one time perceived taking on children from the care system as a more worthy form of family building:

I was pro surrogacy because of the kind of biological connection. Luke was more adoption because he wasn't bothered with the biological connection and you'd kind of said actually I would prefer adoption, there are already more than enough kids out there that need a loving family, and for me, it's more important that we give a child a loving family than it is there's a biological connection. And I thought about that and actually I said yes, that sounds perfectly reasonable. (Case3 Noah & Luke)

I think adoption was our first thoughts and I think there is definitely, I don't feel like it now, but I definitely think at the time there was a feeling like you should go down the adoption route because that's a worthy route. (Case5 Oliver)

Whilst these participants appeared to justify their parental desire by seeing this as a positive way of providing for a disadvantaged child, other participants like Ian suggested gay men felt burdened by societal views on who can be a family, and by what means. There was a sense that society may be more 'accepting' of a same-sex male family if this family had been created via adoption, rather than the men seeking to have 'their own child':

There is this entrenched view that it's not really appropriate for you to have your own children but if there is a spare going you can take them. (Case10 Ian)

This perception seemed to be reinforced by their experience of a persistent heteronormative framework that favoured heterosexual couples as adoptive parents:

The system as it stood at that time, it didn't negatively discriminate against gay people, in fact it didn't negatively discriminate against gay men, lesbian women, single parents, unmarried couples, but it positively discriminated, it had a positive sway towards straight, married couples. So if you were a straight married couple you went ahead of everybody else. Well I suppose it was a latent negativity towards anybody else that wasn't a straight married couple. (Case3 Noah)

Some participants had applied to adopt after the Equality Act became law in October 2010, preventing discrimination on grounds of sexual orientation. However, some of these participants described more subtle obstacles preventing them from becoming parents. This indirect discrimination included only being matched with an older child, or more commonly being offered a child with special needs or severe disabilities, that other heterosexual adoptive parents had declined:

The reality is its quite hard for gay men to adopt, certainly you wouldn't get a baby I think it's quite rare and you're in the hands of a Social Worker that can determine your future and the placement. There is still a lot of discrimination there and so you might be ok with fostering but for adoption.., as horrid as it sounds, you get often the harder to place children that other people don't want, the older children, the sibling groups, certainly not babies. And there's still a lot of stigma attached in all that in the inner workings somewhere. (Case12 Nathan)

I think adoption has changed a lot over the past few years...and what we found researching it online was a lot of gay couples and lesbian couples were saying because of the Church's involvement in the adoption agencies and the councils in particular, it's very hard for gay couples to adopt babies or younger children, they tend to get offered the much older disabled kids. (Case1 Charlie)

Some participants explained how, because they had not previously parented, they felt they lacked the ability and experience that was needed to look after a child with special needs. Men were concerned that these children were already vulnerable or

disadvantaged, and that having two gay male parents might add another layer of societal discrimination:

They need love, home, help so you must be really prepared. Well now that I've got my own children I would be prepared to help an adopted child but not as a first time parent. I think children in adoption should be given to people or parents that have already had their own children. (Case8 Kieran)

Firstly, if we're going to have older children, that doesn't make sense to me. If the argument is that we're not a traditional family, our concern has always been for the kids, that if they're coming to a same sex male family and if the kid was 4 years old, they've had a mother figure in their life for 4 years, be it a foster carer, be it whatever, that transitional period is going to be pretty horrendous for them. Wouldn't it make more sense for us to have a younger child because then they grow up with this as the norm, this is normal for them. (Case3 Noah)

There was also a sense of contradiction in the way same-sex male families were perceived in society: on the one hand two men were viewed as “unsuitable or unfit” to raise their own child, yet at on the other hand, these same men seeking adoption were being matched with severely disabled and vulnerable children. Some participants reported this contradiction as the catalyst for pursuing their preferred parenting path:

There is this irony, a contradiction actually, that they say oh you can't be parents the natural way but if possible we can put you with these kids. So, that kind of thrust me more towards no, I want to do the surrogacy thing. (Case10 Ian)

When explaining their reasons for rejecting various routes to parenthood in favour of surrogacy, men often described themselves in derogatory terms, suggesting a sense of gratitude for being ‘allowed’ any opportunity to parent, for example:

It may sound heartless not being willing to accept an older disabled child. (Case1 Charlie)

It may be self-indulgent but...it's a little bit selfish... (Case13 Nick)

These statements suggest that some men felt undeserving of building the family they desired, and were in a sense 'apologetic' for seeking out their preferred family form. However, men talked about having to feel comfortable with the decisions they made and being able to justify their chosen mode of conception to both themselves and their children in the future. Participants reported being conscious of making the right decisions for the child's welfare, and the importance of that taking precedence over their own desires, even if that meant they were jeopardising further opportunities to become parents.

This suggests that the men were not only mindful of society's reactions to them as parents, but also that there may be an element of internalised homophobia (Williamson, 2000); that using ART to create a new life was something they should not be pursuing, or even had the right to do. This contrasted with their many comments about their self-perceived ability and desire to be good parents. It could be argued that by prioritising giving an adoptive child a home, they were able to demonstrate their parenting commitment and possibly resolve some of their internal conflict:

I think there was that little bit of not self-hatred but of oh you are not supposed to be parents so therefore if you do that [adoption] you are doing something good...I think there was a still a little of that feeling of not even being able to explore having your own children, so looking at adoption first because of that. (Case5 Oliver)

There's an assumption that as gay men you are only entitled to adopt, you shouldn't have your own children. And also I don't know if it's an internalised homophobia or just a different view from other gay people, but I think it sounds self-righteous, with so many children in the world without parents, how could I possibly create another? And I just find it offensive on one level, and I want to subscribe to it, I agree. (Case13 Owen)

This feeling is further strengthened by what the participants saw as on-going 'interference' from external agencies, or contact with the biological parents, if they opted for fostering or adoption. Some men talked about a perceived level of scrutiny from others as these accounts highlight:

I didn't want somebody sifting through my bank account and all the rest of it and from a hierarchical point of view telling me whether I would be a suitable parent or not, which is the reality. (Case12 Nathan)

(Nick) There was something I didn't want, or I'd read or I'd heard that Social Services would constantly be checking in on you.

(Owen) That was actually one of the number one priorities I didn't intend to justify my existence to Social Services.

(Nick) And I didn't want that constant looking over your shoulder.

(Owen) It was the step before, it was the before you can adopt and the subsequent, there were both sides of it. Offensive; its offensive. (Case13 Nick & Owen)

This lack of family privacy and a sense of the child 'belonging to someone else' seemed to be the key deterrents for further pursuing adoption:

I just remember the opening sentence in the introductory booklet or guide..., it's important to remember that this isn't your child; you're caring for it for someone else or something like that. I was like double checking is this fostering I'm looking at or adoption and it just immediately put me off. If I adopt a child the word adoption means I adopt the child, it becomes mine and I will put everything into raising it as my own. (Case13 Owen)

Whilst there are a range of different options for gay men to consider when wanting to become parents, participants' accounts highlight that each route has associated benefits and limitations that must be considered and negotiated in relation to how men imagine their future family to be created and to function.

5.6 Pursuing Surrogacy

Surrogacy seemed to be a less well known parenting route, with all of the participants reporting a lack of information available on surrogacy as a possible parenting option. Some of the men recounted only learning of surrogacy when they were searching the internet for “parenting options for gay men”. Participants talk about “stumbling upon” surrogacy:

Googled the name and stumbled into that Surrogacy UK website and started reading and reading. I couldn't believe it until, my goodness it could be true; and from then on I was completely hooked with the idea. (Case11 Isaac)

Equally, Nick recalled how a new possibility for parenthood suddenly emerged whilst exploring his options:

I hadn't really come across surrogacy and didn't really know much about it, so I think I automatically went down the route of thinking oh this must be the only way...fostering and adoption...I was just googling and started discovering the world of surrogacy. (Case13 Nick)

There was a general consensus amongst the participants that the limited information available at the time of their search lacked a ‘true picture’ of what it involved or what to expect during the surrogacy process. In contrast, two of the participants had met other men who had become fathers via surrogacy, and reported that seeing these fathers with their child was “powerful proof” that this pathway was possible. Many of the participants disclosed having embarked on surrogacy with very little understanding of the complexities until they needed to address them:

I didn't know what I didn't know, if you know what I mean? So my expectation was that [UK fertility company owner] would tell us about everything we had to do, everything we had to think about, all the implications...Well that just didn't happen so we only found out about things at the point where things had to happen. (Case9 Ethan)

I suppose really like most things you try to get to the first step and then you worry about the second step after you have got to the first step. (Case7 Harry)

5.6.1 Own Child

When asked about their motivation for selecting surrogacy as a preferred way of creating a family, the participants expressed several reasons, especially that the perceived benefits outweighed the other possible options. Despite not understanding the full implications of surrogacy, what was clear was that this would be a “child of their own”. Advances in the field of ART meant access to technologies such as IVF were now a feasible option for men, and may help to address some of their reported reservations about other parenting avenues.

It makes me think we're very fortunate that we can do that now, we can have children that are ours. We're a gay couple, this is relatively new; we wouldn't have been able to do it pre IVF really. (Case13 Owen)

Surrogacy facilitated a genetic connection with one of the male partners, which adoption and fostering did not offer. Some men only wanted to consider a genetically-related child from the outset, and therefore surrogacy was their ultimate aim until this proved to be an unrealistic option:

Our first choice would always be to have our own children. So until that failed we wouldn't look at the other avenues. (Case7 Harry)

It was quite important actually, I think over time it's become slightly less important. Counsellor at [fertility clinic], we'd mentioned it, she's like this seems very important to you and I guess at the beginning it was. And then you spend time with [Surrogacy agency] where you've got all different mixtures of families and different people around and over time it becomes less important. But it is our ideal and if we can get that, great and if we can't we'd go other ways. (Case14 Elliott)

I had never really thought that anything else would be an option; I always wanted it to be surrogacy because I wanted a child that was genetically mine.
(Case8 Ethan)

Only one participant expressed a desire to continue the family lineage as his reason for preferring surrogacy to create a family:

Oh it's really important because the way I see it is if I don't pass on, if I don't get a child then all my lineage it stops with me. All those years of it being passed down, that will just end with me and I think that's such a waste. ...I want to be able to pass part of me on to somebody else... I would always be looking for that perfect option of my own genetic material. (Case6 Kyle)

The possibility of a genetic connection to the child also addressed some participants' concerns regarding external interference associated with adoption. This genetic link seemed to signify a guarantee of their parental status, and provided a security for their family that they perceived may have been challenged with adoption:

Somebody else could essentially turn up with a trump card going well biologically I'm your dad or I'm your mum. And then that gets the child's interest and you've just spent however long, you've formed a bond. And I don't know, things could go very well and the child has a relationship with both, or the child doesn't have a relationship with the biological parent and they remain in your unit. Or it goes the other way and they go well the grass is greener see you later. And so I think it's an element of control, both of us very much like to be in control of our situations.
(Case14 Flynn)

Whilst the genetic link was considered to be a substantial benefit, it was not the only, or necessarily the primary reason, for choosing surrogacy. Some men, like Harvey wanted to parent a child from birth, with him and his partner being the sole parents:

I didn't just want to be a weekend dad, or like a donor, that's why surrogacy makes sense. (Case4 Harvey)

Participants wanted to be free to make their own decisions about their child's upbringing, and to parent 'on their terms'. Surrogacy also appears to have the benefits of enabling men to become parents directly after delivery, and therefore to experience the key milestones, "all the firsts" that other options may not provide, e.g. cutting the umbilical cord, skin-to-skin contact after delivery, first smile, first step, etc.

I wanted to make my own mistakes with my own. (Case13 Owen)

Have a baby and from day one it's the first bath, it's the first time he's done this, the first time, first time you remember that. (Case12 Vincent)

Men wanted to find their own way of parenting, without having to negotiate or share this with other parents (as in co-parenting arrangements) or in line with what fostering or adoption agencies dictated. Thus, despite surrogacy involving a third party (or fourth party in many cases) to achieve a pregnancy, this assisted element of the reproductive process seemed to be viewed as a means to an end. The participants did not want what they called 'third-party involvement' after delivery. This arrangement was seen as something that could be 'extinguished' after delivery, if the intended parents wanted it to be, which was not possible with co-parenting:

We did think about adoption at one point but we decided against it, that essentially we wanted to have a genetic relationship. ...it's quite a life changing thing to have a child, I mean in terms of the commitment if you're going to do it properly. And so if we're going to do it then we want to do it on our terms and the child will be ours so that there's not a third person [biological parent] if you like. (Case14 Flynn)

Some men also talked about wanting to "keep the family simple; us as sole parents", again not connecting the number of people involved in conception, with the number of people involved in their future family. It was apparent that the participants partly wanted to fit in

with social expectations about 'normal families' and positioned themselves in this way in order to be considered as 'acceptable parents'. Thus, surrogacy as a means of facilitating genetic parenthood is also chosen for social reasons in some cases. At the same time, men needed to ensure they met surrogacy providers' expectations about who is "fit" to parent, so as to be able to proceed with their parenting plans.

The UK's legal position on surrogacy was fundamental in prohibiting gay men's access to the support they required to pursue surrogacy. Surrogacy organisations appeared not to have considered the needs of non-heterosexual intended parents and struggled to understand how their inclusion was relevant when the UK law did not support gay men to gain parental rights following a surrogacy arrangement. This is clear from the following accounts:

[I] rang some of the surrogacy agencies in the UK to find out their stance on it [surrogacy]. And at that point they were really awful, they were quite happily, without any notion that they were being offensive, they were saying we have got lots of normal people wanting children, why would we help you kind of thing. (Case5 Oliver)

They [UK surrogacy organisations] all said we wouldn't touch you because you are a gay man. I can't remember the exact wording in the conversation but essentially they didn't have to provide support for gay couples, there was no legal right for two men to be named as parents of a child, and so on. I was surprised I carried on at that point but I did. (Case9 Ethan)

However, as the legal landscape shifted, and the UK parental order eligibility criteria were revised, surrogacy organisations appear to have reconsidered their position. In addition to gay men's inclusion within the organisations, several participants reported that anecdotal concerns regarding surrogates being reluctant to work with gay male couples were unfounded:

I think we joined the organisation at the right time. I think there was a cultural shift; the way the surrogates were thinking, they were thinking about same sex male couples and there were a couple that had just had babies through [UK Surrogacy Organisation]...for whatever reason in the past when surrogates were making tough choices about who to help, more and more were deciding to help out gay men and that's just when we arrived and I think we lucked out. (Case11 Frank)

Although some men seemed well informed about the more positive legal landscape that was emerging, their accounts still acknowledged the ethical issues linked specifically to surrogacy:

There are some people who think oh gay dads, and there are other people who think oh gay dads its fine, but surrogacy is a separate issue. (Case4 Harvey)

Equally, some men needed time to process their own thoughts on surrogacy and acknowledged that there were aspects of this process they too found difficult to reconcile. Dylan talked about how his female friend's questions regarding the ethics of surrogacy added to his own dilemma:

I was saying to her [friend] oh when [son] is born he is not going to have a mother, and she was saying but he does have a mother. No, he doesn't have a mother in the form that we think he has a mother, and she found that, even I found that difficult sometimes. The way I'd been brought up to think oh somebody is not going to have a mother, how is that possible kind of thing? So I have even found that quite hard to rationalise but the original birth certificate gets completely eliminated as such so there is no acknowledgement of her. (Case2 Dylan)

In contrast, some participants were encouraged by the positive reactions they were receiving from potential surrogates. This optimism allowed the participants to start thinking about the kind of relationship they ideally wanted with the woman who may eventually be carrying their baby. Whilst some participants like Charlie (Case1) anticipated

a “working” relationship with their surrogate, others desired a more emotional and caring connection:

When we first spoke to [surrogacy agency] we were very much, she'll carry the baby for us and we will be in control and once the baby is born we want nothing more to do with her sort of thing, that's how it all started. (Case1 Charlie)

I wanted a much more of a loving relationship because at the end of the day she was going to, she is biologically the mother of our child. (Case2 Dylan)

This is maybe a more romantic view, but we weren't so keen on working with a surrogate who was doing this as a business, we wanted more of a relationship with them. At the end of the day they're going to be carrying our baby so there's going to be a lifelong connection there. (Case3 Noah)

After choosing surrogacy as their preferred route to parenthood, the men were now in a position to start making decisions about the type of surrogacy arrangement they wanted and how they would find their ideal surrogate. However, despite being sure about their chosen path, other concerns remained in relation to the impact of their decisions on their future children and society's response to their future families. Participants seemed to be constantly dealing with mixed emotions of excitement about their plans and concerns of scrutiny from others:

Because you have created a family, I think people will see it as you went to extra lengths....if you are a straight dad, it's like oh he didn't chose it he is just a dad, it's just what you do. But if you are a gay dad you have obviously gone to great lengths and also people judging you, oh it's not right. I think expectations would be higher. (Case4 Harvey)

There's always this debate in the media about designer babies and oh it's just a gay accessory and all the rest of those stereotypes and clichés. (Case12 Nick)

5.7 Parenting Desire and the Impact on Children

The external “interference” that some participants associated with many of the family building routes they described, was also perceived as a way of judging their ability as parents. This seemed to create a personal expectation that they had to be seen to be ‘perfect’ parents in order to compensate for not only creating an alternative family, but one in which there was no female parent:

You do worry that if someone doesn't like what you do or the way you do it, do they suddenly report you to social services, you get a knock on your door. (Case2 Dylan)

You feel under scrutiny...and actually it makes you a bit nervous because you think what if they take against us; there are so many inadequate terrible parents out there who are able to just reproduce at the drop of a hat, and again we're having to meet this high standard and prove our right to have a family. (Case7 Dean)

It is a bit of discrimination that we are scrutinised in terms of our ability to parent and we have to check all the boxes. Whereas the most severe alcoholic with a personality disorder partner they can have children and at age 6 months social services have the alarm bells rung. (Case11 Isaac)

This public gaze on same-sex male families (Riggs, Bartholomaeus & Due, 2016) appears to pressure gay men to question whether fulfilling their desire to become parents would be detrimental to the children's well-being, and also raise concern about how other people may treat their children in the future. Many men anticipated that their child would receive negative reactions from having two fathers, and felt their family building decisions had to take account of this potential social stigma, with their family being valued less favourably than the ‘traditional family’:

We're expecting more as he grows up. I'm not a pride flag blowing look at me, I'm gay and proud type person, but in the same respect I am also not ashamed of who I am and my family, and I will be damned if I'm going to let my child be treated less than because of the lottery of life that he has ended up with gay dads.
(Case1 Charlie)

Some participants reported that despite their own families being generally supportive of their plans to become parents, they also acted as devil's advocates by asking the men to consider potential problems such as bullying at school. Grandmothers especially, assumed they would have to step in to help rear the children because there was no female in the household who was assumed to have some innate parenting ability the men would be lacking:

She [mother] wasn't sort of negative but she sort of questioned can two men look after a baby. (Case12 Vincent)

They [parents] definitely had that thing of two men can't bring up a baby; you won't be able to do it, that slightly you will be a useless man and you can't possibly do that. And I think a lot of people probably had that, you won't be able to do it.
(Case5 Oliver)

For these participants, the planning for their family went much further than deciding upon their preferred parenting pathway. As well as seeking a normative Western kinship model, these participants were also de-gendering the primary care-giving role usually seen to be the remit of women. Some people, such as grandparents, appeared to struggle with this concept of new family forms, as demonstrated when Vincent's (Case12) mum asked:

Who's going to be the mummy, who's going to take on my role?

The men respond by saying:

"He's dad and I'm daddy and nothing's perfect, I mean it's as good as you can get in terms of that, but kids just accept it anyway. (Case12 Nathan)

Participants had taken significant time to consider the benefits and limitations of the various parenting pathways, and the potential impact of their decision-making on the children's future and understanding of their origins:

We needed to feel very happy and confident about how they [their children] arrived in the world so we could explain that to them, and they could be confident with it. And that was always important to us....Because they might be our children but they do have another biological heritage and someone else did carry them and give birth to them, and you have to think about that. (Case5 Oliver)

We questioned a lot, is this the right thing to do, this poor child, we have enough of a hard time being gay people or a gay couple...But are we putting him into our world, poor thing is going to have gay dads. I mean you question is it fair to have a child, is it selfish...but everybody who does it is reasonably selfish, why does anyone have a baby because you want it, it's not like you are doing it for any positive reason apart from you want to have a baby...eventually we had to draw a line and just say let's just do it. (Case2 Robert)

5.8 Summary

This chapter explored the desire and motivation to parent among 21 gay men who had used surrogacy, or were considering surrogacy, to become fathers. The men's accounts suggest a variety of interrelated factors enable men's procreative consciousness to emerge, and also serve as triggers to motivate them to act on this desire. These factors included learning of different parenting options, spending time with children, as well as being exposed to what the men described as "role-models"; seeing other gay men become parents via surrogacy, which helped to redefine their procreative potential. Many of the indicators of men's readiness to become parents were interlinked and based on them reaching a certain age, and being in a stable long-term relationship, with a partner they want to parent with; as similarly reported in studies with heterosexual couples and lesbian women (Umberson, Pudrovska & Reczek, 2010; Goldberg & Allen, 2012).

Men's narratives suggest that although there are now more opportunities for parenthood for same-sex male couples, these pathways were not without their own set of limitations and challenges. Men's decision-making in relation to which parenthood route they wish to pursue may be influenced by the type of parenting relationship they desire, the ways they imagine their family to be structured, and the possible impact of such a decision on future children. The participants' accounts suggest that their imagined family form is framed by the two-parent family model. The changing landscape of legal, technical, and social possibilities have enabled gay men to now access surrogacy as an alternative parenting route, the benefits of which seem to be that men can have their own genetically related child, living with them permanently in their own family unit.

The next chapter describes the participants' choice and location for their surrogacy arrangement, and examines men's procreative decision-making during their surrogacy journey.

Chapter Six: Men's Procreative Decision-making and Enactment

6.1 Introduction

The previous chapter explored men's motivations to become parents and their rationale for choosing surrogacy to create their family. This chapter examines the participants' procreative decision-making during their surrogacy journey, and explores what frames these planned surrogacy experiences. The findings are mainly drawn from the 11 interview cases of participants who had become parents via surrogacy¹¹, and are presented in a chronological order according to the men's narratives of events. The chapter begins with a discussion about the type of surrogacy chosen and how this was accessed. The subsequent section explores the participants' decision-making in relation to various aspects of their surrogacy arrangement, and the ways in which they enacted procreative responsibility. The final section describes the participants' plans regarding disclosing the route to parenthood to their future children and others.

6.2 Location and Type of Surrogacy Arrangement Chosen

In choosing surrogacy, participants had to initially consider whether they wanted to embark on traditional or gestational surrogacy, and whether they wanted to stay in the UK for this arrangement or go overseas. As discussed in Chapter One, the type of surrogacy chosen dictated the location to some extent, as most overseas surrogacy services only offer gestational surrogacy. Equally, other personal considerations such as financial resources, time commitments and willingness to travel were also restraining factors which narrowed the couples' choices.

The majority of surrogacy arrangements (N = 6, 54%) took place within the UK, with one further case being initiated in the UK, but the IVF aspect of the treatment was carried out via a satellite clinic in Cyprus in order to access donor eggs. The four remaining cases opted for surrogacy arrangements overseas; three in the US and one in India. Most

¹¹ As discussed in Chapter 4, three of the fourteen cases had not commenced their surrogacy arrangement at the time of interview.

surrogacy arrangements (N = 7, 63%) were gestational, two cases opted for traditional surrogacy, whilst the two remaining cases used both traditional and gestational surrogacy in their attempt to conceive a pregnancy.

6.2.1 Domestic versus Cross-border Surrogacy

When asked to explain their rationale for choosing to embark upon surrogacy in the UK or overseas, the participants described a range of factors that influenced this decision, relating to the envisaged relationship with the surrogate, the costs involved with surrogacy arrangements, and opportunities to be actively involved during the pregnancy.

Throughout the interviews the participants described two different approaches to their surrogacy arrangements. Some men described a “team” approach in which both parties developed a close friendship and were working together to create a family for the intended parents. This model was mainly associated with domestic surrogacy. As outlined in Chapter One, UK law only permits altruistic surrogacy, so intended parents usually join not-for-profit surrogacy organisations in order to meet potential surrogates. The ethos of these surrogacy support organisations is an arrangement built on friendship; an emotional attachment with the surrogate is encouraged and there is an expectation that the surrogate will be in the future child’s life in some form. For some participants, like Ethan this team approach matched his envisaged friendship with the woman who would be carrying his child, who he imagined as a kind of ‘earth mother’:

I wanted us to have this warm, cosy process with this motherly big breasted woman who carried our child and would be all loving and handing the baby over at the end of it, it would be fantastic. And I didn’t think that would ever happen going to America. (Case9 Ethan)

The other approach that participants described was a much more formal “business-type” approach, in which there was a mutually respectful relationship, but not one in which a close relationship was expected to develop. A few participants were looking to distance themselves from an emotional relationship with the surrogate, to minimise her

involvement in their future family rather than encouraging such a relationship. Cross-border surrogacy, because of the geographical distance between both parties, facilitated this choice of relationship, as Dean explained:

[in the UK] you had to go to these networking socialising events every weekend, and it all just seemed very false really because you weren't able to just go up to somebody and say will you be my surrogate, and a woman couldn't just say I want to carry your baby; it was like a dating agency..., meeting people and getting to know them, and it just kind of made me cringe...it just seemed like an emotional complication, almost creating that situation, the co-parenting situation that we were trying to avoid of having another person involved. (Case7 Dean)

Another key factor in men's decision-making was the costs involved with a surrogacy arrangement. The most commonly reported benefit of undertaking surrogacy within the UK was its affordability. However, whilst the generic arrangement costs were vastly cheaper in the UK than in the US (as an example of a popular overseas option), these two accounts demonstrate there were other associated costs for all surrogacy arrangements:

If you sum up all the different possibilities that may happen during pregnancy and birth, and these complications, you could end up with \$200,000 (US)...medical insurance that covers the surrogate, you have to make sure it also covers your babies until they are discharged from hospital. Because it is \$10,000 for a bed a night for a baby in America and they stayed 12 days, 2 of them, so I'll let you work it out. This is without medical expenses or medicines, no doctor's fees included. (Case8 Kieran – Twins via surrogacy in the US)

Initially, it was less than I was expecting [UK traditional surrogacy]; it's all the added extras that you need to cover that made it more than I thought. Because the 10 to 15,000 (pounds) that is generally accepted expenses [UK surrogacy]...I thought was actually quite reasonable, I didn't think it was that expensive. But then you have to add in all the travel costs, you have to cover all of their work if they take time off work. (Case3 Noah – UK surrogacy)

As well as the reduced financial costs, domestic surrogacy also increased men's chances of having a more active role, simply by the geographical proximity to where the surrogate was based. This was evidenced by some of the men's rationales for not pursuing surrogacy overseas:

One of the priorities for me was I wanted to be part of the process and something that was going on thousands of miles away I just wouldn't have felt part of.
(M9 Ethan)

First of all, it was the business aspect [of cross-border surrogacy] and secondly the distance, I just thought if it's a surrogate, it would be nice to have her available for the child. (Case11 Isaac)

However, despite these perceived benefits of domestic surrogacy, many participants believed that there were fewer surrogates available in the UK compared with overseas countries. As previously discussed in Chapter One, UK surrogacy laws prevent surrogates advertising their services, and intended parents advertising their need for a surrogate. As a result, men could not see how they would be able to make contact with these women:

We didn't have a clue, I guess we thought well there's not many out there [UK surrogates] and that we'd be waiting a very long time. (Case12 Vincent)

Very quickly it became apparent that to do it in this country it's illegal to advertise that you want a surrogate, it's illegal to advertise that you are a surrogate. So ok, how do you go about finding a surrogate then in that case? (Case13 Nick)

This perceived limited number of surrogates in the UK meant that some participants had to reconsider their financial position to see whether that allowed them to search for a surrogate overseas:

Not finding surrogates in the UK led us to believe we'd likely have to go abroad. So we looked at America, almost like a fall back, ridiculously expensive option. Around £100,000 or so per baby including, about £30,000 or £40,000 on just health insurance...huge sums of money...if we couldn't find another way then that's what we probably would have resulted to but it would have had other implications.
(Case14 Flynn)

It was only when these participants “stumbled upon” the UK surrogacy organisations via their Google searches that they learnt that these not-for-profit organisations served as a platform for bringing together surrogates and intended parents. Despite such organisations facilitating access to domestic surrogacy for the majority of participants in this study, other participants like Nick, still perceived UK surrogacy as difficult to access, and a legal minefield full of risks. These perceptions were reinforced by surrogacy forum websites and blogs reporting personal accounts of surrogacy arrangements that had gone wrong:

You're reading all these horror studies linked to the forums about this woman just wants a boob job and takes your money, or she'll actually fall pregnant but then decide to keep the baby...it just started to become a little bit of a minefield about doing it in this country. (Case13 Nick)

Some participants were seeking surrogacy at a time when there was limited access to these services within the UK, possibly a result of the legal restrictions denying Parental Order applications from gay men. This, alongside the limited information available and lack of advertising of surrogacy provision via UK-licensed fertility clinics, led some participants to believe that surrogacy might be more straight-forward and better established overseas:

We kind of concluded that we'd give the UK a year because we didn't think there was really anything there. (Case14 Elliott)

The nurse [in a UK licensed fertility clinic] was horrible and went absolutely no way would we deal with same sex couples. (Case12 Nathan)

Hence, some participants turned to overseas clinics, where surrogacy arrangements were based on a legally accepted commercial model. This form of surrogacy was viewed more as a business arrangement between the intended parents and the surrogate. As a purely business transaction, participants expected to be a customer, paying for a woman's assistance in carrying their baby. As Kieran's account also demonstrates, this commercial arrangement clearly defined the surrogate's role and the 'ownership' of the baby. In addition, in some countries, such as India, the surrogate was perceived to be less likely to negate on the arrangement because of the associated financial implications and social taboo:

Everything was really professional on her side because at any moment she would be talking about my children not hers...she remained so professional, although she was doing something so marvellous and so intimate to her body...her job finished the moment they were born. (Case8 Kieran)

We looked into India, it was very much a business model; it was commercial surrogacy. This is the money to pay this person, this is how much you pay the clinic, and you will get a baby at the end of the day. I think for them [Indian surrogates], it is quite taboo and they couldn't afford to have another child and to then look after it so the likelihood of the person not giving us the child was very low. (Case7 Harry)

The fact that most overseas clinics only allowed gestational surrogacy arrangements seemed to add another element of reassurance for some participants, as the surrogate would not have any genetic link to the child:

Going through [UK surrogacy organisations] it seemed like the surrogate would also be the biological mum as well, whereas in India, Thailand or other places, they had an egg donor. And I think the surrogate would say well it's not really my egg so it's not my baby. (Case7 Harry)

I imagine it would be completely different for the woman if she was carrying her baby and she is going to give her baby away...But if she is carrying an embryo that's not her egg I think that's quite different. (Case4 Harvey)

The surrogate's potential genetic attachment with the child was a key factor for many participants choosing gestational surrogacy, rather than traditional surrogacy, in both domestic and overseas surrogacy arrangements and is discussed in section 6.2.2.

Although commercial cross-border surrogacy arrangements involved higher financial costs, which were prohibitive for some participants, there were perceived benefits reported by those opting to go overseas, especially to the US. The legally enforceable surrogacy contracts and the availability of pre-birth orders, recognising the intended parents as the legal parents prior to delivery, enabling both men to be named on the original birth certificate, seemed to justify this price tag for some men:

They [surrogacy agency lawyers] go to court at 6 months in the pregnancy and the judge [in the US] states that the children born of such and such are of such and such and they are given my surname. So Baby A my surname; Baby B my surname...It's very reassuring and everything is in place and clear for everybody to know where they stand. (Case8 Kieran – US surrogacy)

Despite such benefits, some participants were conscious of the ethical concerns relating to commercial surrogacy, as Owen's comments suggest:

"It's a commercial outfit but they're ethical and everything else". (Case13)

However, other men had fewer ethical concerns about surrogacy arrangements within the US compared to those in other countries, such as India, which proved to be a little more controversial amongst participants:

We dismissed India quite quickly...I didn't like the whole baby farm element of it...the Ukraine scared the living crap out of us. They emailed us back the next day, two agencies, and both had a very similar thing to say...thank you for your enquiry we're very excited to be working with you. And we're sort of like oh ok...two visits required to Kiev, one drop off sperm, two pick up baby. And we kind of went whose baby; whose baby are we picking up? I mean seriously. (Case1 Charlie)

Other participants still struggled with the concept of commercial surrogacy but acknowledged that if they had been unable to access surrogacy within the UK, they may have needed to abandon their ideal altruistic arrangement in favour of a more accessible commercial arrangement:

Wherever you've got a situation where you're paying a life changing amount of money to someone that obviously colours the reasons for doing it, they're not doing it for altruistic reasons....we're certainly much more comfortable where we are in terms of [UK surrogacy organisation] and the ethos of building a friendship and doing it that way. If that wasn't available, then obviously we would have had to choose from the options that were I guess. (Case14 Flynn)

Although the participants who sought cross-border surrogacy defended their decision for choosing a commercial arrangement, they also admitted that they would have preferred to stay in the UK, had the same level of provision been available. These accounts identify some of the additional challenges of undertaking a surrogacy arrangement in another country, for example, time and expense of being off work to travel for overseas appointments and to be at the delivery, not having friends or family close-by for support and to help look after the new-born, negotiating a different legal, and sometimes cultural system in order to access the required documentation to return to the UK with the child:

I would have liked to have it available in the UK, avoid so many court orders that are legal over there and not here.....the trips, travelling, taking the children at 29 days on a 12 hour flight and so on. And the support; you are over there, 12 hours away on your own. (Case8 Kieran)

The costs would have been down, just logistically it would have been easier [in the UK], if it was available to the same standard as over in the States. (Case13 Nick)

Your time there was short, we had the pressures of trying to get the paperwork, and sleep deprived...all those stresses new parents have, we had that and more and we were in a strange environment. We didn't have any family support it was just the two of us and this baby. (Case7 Harry)

6.2.2 Gestational versus Traditional Surrogacy

As well as deciding between domestic or cross-border surrogacy, participants also needed to decide between traditional or gestational surrogacy. As outlined in Chapter One, traditional surrogacy is more accessible within the UK context and the lack of medical intervention required offers a more affordable arrangement for some intended parents. Traditional surrogacy was perceived by some participants to be a simpler form of surrogacy:

...with [traditional] surrogacy you are dealing with just one person who has a period, a two week wait, whereas with the whole [egg] donation you are having to deal with one person where the eggs have got to be ready, they have got to be fertilised appropriately. Then the host as well...it's got to be perfect timing. (Case2 Dylan)

Four of the interview cases used traditional surrogacy in their attempt to achieve a pregnancy. Three cases chose traditional surrogacy from the outset. In one of these cases the couple moved onto gestational surrogacy after pregnancy had not been achieved and further investigations indicated a possible sperm problem. In the remaining case, the couple changed from gestational surrogacy to traditional surrogacy after two failed attempts at IVF. This couple were having surrogacy in the US, where traditional surrogacy was less commonly available. However, their gestational surrogate had been an egg donor previously for other couples, so after the failed IVF cycles she volunteered to also use for own eggs and pregnancy was achieved on the first insemination cycle.

When deciding whether to select traditional or gestational surrogacy, some participants had considered how this process would be understood by their future children. This decision-making indicates a remarkable level of forethought as Oliver's and Robert's rationales for selecting traditional surrogacy highlight:

[If gestational surrogacy] our children will have a surrogate mother and an egg donor and then they have got two dads. And even though the reality of their day to day life wouldn't be that complicated, actually it's so much more complicated for them to get their head around and feel good about. So that was a consideration for us with the egg donor, it was adding another complicated back story to our as yet unborn children to have to discuss with them. (Case5 Oliver)

He has got two dads and he has got a birth mum, but he would have two dads, a birth mum and a whatever the other one is called, an egg donor, the donor is the important bit, the women who carried you is not as important as the biological connection, so at least with his birth mother now he can find her if he wants to. (Case2 Robert)

Despite these participants' decision to opt for traditional surrogacy, some men still had concerns that there may be potential issues in relation to the surrogate relinquishing a baby she was genetically related to:

We were anxious it would be harder for the woman to give up a baby who was biologically her own rather than being a host carrier of a baby, where there is no biological connection... with host surrogacy there would be less risk of attachment of the baby, however, we didn't have the money for that. We were told you really need to have saved up 35 grand, we didn't have anywhere near 35 grand. It wasn't even an option for us at that point. (Case3 Noah)

Seven of the interview cases chose gestational surrogacy from the outset, and a further couple converted from traditional surrogacy to gestational surrogacy after failing to conceive using self-insemination. This higher number of participants opting for gestational

rather than traditional arrangements may have been a pragmatic choice, to boost their chance of finding a surrogate or as a deliberate strategy to minimise the risks associated with the surrogate's genetic link to the child and the legal implications of such a connection, as the following accounts illustrate:

It would open up more surrogates because there's a lot of surrogates that will only do host, firstly, and secondly if we had a host there would be less of an issue of attachment to the baby because there was no biological connection. (Case3 Noah)

We knew what the law said in terms of legal parenthood at the point the child was born. So there was always that risk that a woman could give birth and actually say do you know what I want to keep this baby. And that was one of the reasons why we said we would use an egg donor because we wanted to minimise that risk as far as we could. We knew that risk would never disappear altogether but as far as we were concerned it was as much as we could do. (Case9 Ethan)

This is further emphasised by Noah recalling what a traditional surrogate had said to him about her perception of their on-going relationship after the birth:

It seemed there was becoming more of an attachment to us and becoming more of a triangle instead of part of the triangle would move away when the baby's born...her son would be part of his brother's or sister's life kind of thing, half-brother, half-sister. I'm like no, that's not how I foresee it, he or she is not part of your family, they're part of our family and that's it. (Case3 Noah)

This concern about "third-party" interference in their family life, as previously discussed in Chapter Five, seems to resurface here. In addition, some participants who undertook gestational surrogacy talked about having very little control over the technical aspects of the IVF process. These participants sought to exercise some degree of procreative agency by "planning ahead" and making decisions in as many aspects of their family building as possible. One such example was men planning to create and store embryos ahead of finding a surrogate. So for some gay men, IVF surrogacy seems to involve two separate

processes; one to create and freeze embryos, and one to find a surrogate and proceed with embryo transfer, rather than these processes normally being part of one programme for routine IVF. All participants, whether they were accessing domestic or cross-border surrogacy, needed to make a series of decisions about several aspects of their surrogacy programme. These aspects of decision-making will now be discussed.

6.3 Selecting an Egg Donor

Despite the majority of participants reporting a lack of available information on surrogacy, they were resourceful in finding the details they needed to progress with their surrogacy plans. Many of the participants reported having attended 'Alternative Family' conferences and surrogacy organisation conferences to learn more about the steps they needed to take. In the nine cases of gestational surrogacy, the participants needed to find an egg donor in addition to a surrogate. As Elliott's and Harvey's accounts describe, there were many factors to consider; some decisions had longer term implications and may require more deliberation:

We were making decisions during the surrogacy conference, talking about trying to find a known donor versus using a clinic donor... but by the end of the day we'd decided that we were going to use an altruistic donor from a clinic...we'd already spoken to [UK fertility clinic] at the event and were going to make an appointment.
(M14 Elliott)

If the child can't meet the egg donor but can meet the surrogate that might be ... But then again when they are 18, they're going to grow up without a mother, so you can't meet your mum but this woman carried you; well she's not really my mum. Maybe what they are searching for is to see where they come from genetically. (M4 Harvey)

To some extent the type of egg donor available was determined by the legal position of the country where the surrogacy arrangement was taking place, or the policies followed at their chosen fertility clinic (see Table 5). For example, egg donors sourced via UK licensed

fertility clinics are anonymous to the recipients but must agree to be identifiable to any donor-conceived person when they reach adulthood (HFE Act, 2008).

Country	Egg Donor Source & Type	Cases
UK	Fertility Clinics - unknown ¹² egg donors	3
UK	Surrogacy Organisations - known egg donors	1
UK + Overseas Satellite Clinic	Fertility Clinics - unknown egg donors	1
US	Fertility Clinics - known and unknown egg donors	1
US	Fertility Clinics - unknown egg donors	2
India	Fertility Clinics – unknown egg donors	1
	Total	9

Table 5: Location, Source and Type of Egg Donor.

As illustrated in Table 5, the majority of men had selected unknown donors, and therefore were choosing their egg donor from a series of donor profiles provided by the fertility clinics. When explaining how they selected their egg donor, Charlie made comparisons with how heterosexual men find a partner who may then become the mother of their children:

Some people look at characteristics before they even look at photos; we looked at photos first, because we felt if you're choosing a mate in life, you're attracted to how they look, and even though I'm a gay man I know what a pretty woman looks like. (Case1: Charlie)

¹² The terms “known and “unknown” are used here to differentiate between egg donors whose identity is permitted at the time of donation and those who must remain anonymous at that time. As outlined in Chapter One, in some countries such as the UK, donors will be identifiable when the child reaches 18, whilst in other countries donors remain anonymous.

The photographs not only showcased the woman's physical characteristics, but also enabled some participants to gain an impression of the egg donor's personality from their only source of contact with this woman:

She was of the same colour, skin colour, hair colour of my family and she gave me this warm impression. (Case8 Kieran)

Although Kieran gained a sense of emotional connection to these photographs, for others, the profiles made the donors appear unnatural in some way:

With these donors they were rather glamorous shots or they looked slightly, I don't know unhinged; they didn't come across as normal people. (Case13 Owen)

Several men expressed their discomfort at selecting an egg donor from a profile list; some described this process as "demeaning", "strange", and "distasteful"; that they were choosing this woman based solely on her physical appearance with little additional information initially offered:

We were going through pictures and it's like this is demeaning to both sides; we're just being superficial and it really was not the right way to choose. (Case13 Owen)

The website's a bit strange because it's just pictures of girls and it gives you their family history, clearly they have been vetted, so I said do you get a bit more to choose from, yeah once you get to the further stage you can get a paragraph or something. (Case4 Harvey)

When you get to this stage, with a list of eye colour etc. it's a little bit distasteful you know. (Case5 Oliver)

However, the egg donor's genetic contribution was ranked highly by some of the men and they actively sought physical characteristics to reflect a sense of resemblance within their family:

That she would look physically like me or my family in order not to disturb the harmony of the genetic background. (Case8 Kieran)

All I was really bothered about was whatever child was born genetically wouldn't be looking terribly different to myself. So we just gave some basic characteristics but apart from that I wasn't really that bothered. (Case9 Ethan)

We wanted a Caucasian donor, we didn't want anybody too tall because both [partner] and I are over 6 foot and we thought well if we have a little girl, and if she's a tall egg donor...so we thought practically like that; we didn't have a clear idea on looks or anything. (Case1 Charlie)

Whilst the participants seeking egg donors in the US reported a large numbers of profiles they had to “trawl through”, the accounts from men sourcing egg donors via UK licensed fertility clinics show a clear disparity. However, despite the easy access to US egg donors, none of the men cited this as a reason for opting for surrogacy overseas:

I actually got ruthless in the end because there were that many that I just started importing all the information to an excel spread-sheet and just filtered it. So over a certain BMI get rid of, over a certain height get rid of, and brought it down to about 20, 25 profiles to look at. (Case1 Charlie – US egg donor)

(Vincent) Egg donor wise obviously we had a limited choice, we didn't really have a choice.

(Nathan) We had a choice of two people; we were lucky.

(Case12 Vincent & Nathan – UK egg donor)

Whilst some participants prioritised physical characteristics, or a sense of connection with the egg donors' image, a few participants admitted not giving their egg donor selection a great deal of thought, as being too prescriptive may limit their chances of actually finding a donor:

We'd been briefed that the more specific you are the less likely you are to find a donor quickly so we had that in the back of our mind...for the most part we weren't particularly bothered within reason...we wanted someone relatively similar in terms of skin tone and things like that so that there wasn't some dramatic difference.
(Case14 Elliott)

The participants' realistic expectations about the availability of eggs may also explain why none of the men discussed prioritising the donors' health in any depth. There seemed to be an assumption that fertility clinics had assessed and screened women wanting to be donors and this had contributed to the limited number of available donors. However, some men questioned how influential the egg donor's genetic input may be:

It's going to be a gamble anyway because you are not really going to know them as a person. Half the child's genetic makeup is going to come from that person so I suppose it's contrived. They've been vetted against certain health problems; how much is nature versus nurture. We have chosen to have our own kid and not to adopt so clearly there is a belief there. (Case4 Harvey)

We always felt that that baby would be a plain canvas and would become whatever we wanted it to be, if that doesn't sound awful, but would be our nurture more than its nature. (Case2 Robert)

Whilst some men were not overly concerned by physical characteristics, others were mindful of factors such as the donor's age, which appeared to enable them to control factors that would enhance their overall chance of success:

First thing was age because they were saying under twenty five and you'll have more chance... So regardless of how healthy they were and things like that, at the end of the day we're putting all of our hopes onto these eggs fertilising, and if she's three years older that means the probabilities reduce by I don't know how many percentage. (Case13 Nick)

(Nathan) Actually does that [physical characteristics] really make that much difference, you either want a child or you don't.

(Vincent) Just that obviously she's producing, lovely quality eggs because it's a lot of money. (Case12 Nathan & Vincent)

Despite many participants choosing an altruistic surrogacy arrangement based on friendship, these men appeared to be more accepting of a "business model" approach with the egg donation / embryo creation cycle. None of the participants questioned the money being exchanged to obtain eggs, and as the next section of the chapter explores, some men purchased extra cycles of eggs to facilitate future opportunities for repeat treatment cycles and siblings. In addition, just as some participants equated commercial surrogacy with there being no expectation to build a relationship or have future contact with the surrogate, the majority of the men did not envisage, or in fact desire a relationship with the egg donor. These participants seemed to medicalise the eggs; only wanting future contact should additional medical information be required for their children's well-being, or in case the child wanted contact:

[UK fertility clinic counsellor] pointed out about actually keeping the family as simple as possible and that rang true...the idea that somebody's looking in from that unique perspective going that's a little bit of me running round, that felt uncomfortable. (Case14 Elliott)

At that time, that [relationship with the egg donor] didn't seem that important to us. What we wanted was the opportunity to be in contact in the future, for the sake of the kids, if they had any questions or if there was any change in circumstances. You think to yourself well she's fit and healthy now at the age of 20 but, if she's 33 and gets breast cancer and you have a daughter, you want to know that. (Case1 Charlie)

The majority of participants in this study chose, or only had access to unknown egg donors and therefore the option of meeting them and creating some kind of relationship was highly unlikely:

You spend time getting to know the surrogate; you spend the whole pregnancy together and over time you build a stronger relationship. Whereas actually the egg donation process is a bit quicker and you might not have had the time to build that depth of relationship. (Case14 Elliott – unknown egg donor, UK)

I went through a stage, I really wanted to share with her [egg donor] how wonderful they are, she doesn't know. I know they're not her children but these are what came out of her eggs and they're awesome and he looks just like her. That's my only regret; I only wanted to share the joy, but we're going to always update the kids. (Case13 Owen – unknown egg donor, US)

Only two participants chose identifiable donors. One couple chose an egg donor from a US clinic that allowed email, Skype or telephone contact. However, despite this initial contact the egg donor withdrew from the arrangement prior to the egg collection because of personal problems. Interestingly, this couple did not seek contact with their subsequent egg donors, but thought they may have seen one donor at the clinic by chance. The other couple sourced their egg donor through a UK surrogacy organisation and she remains in contact with the family. Isaac explains why selecting a known donor was so important to him:

I found it difficult the idea of an anonymous egg donor... with [son], just to not know who it is and only at the age of 18 are they able to read a paper where it says she had brown eyes, black hair, was a lawyer, had no children herself, this information you can't do anything with...When [egg donor] came forward [through surrogacy organisation], we didn't really know her, or her history, but we thought oh she is really lovely and a really nice person, we'd only spoken to her for five minutes. And the second thought was gosh she is really good looking, amazing (laughs) and the third thought was let's hope she is really healthy. (Case11 Isaac)

The above accounts suggest that kinship may have a wider importance than genetic involvement in these diverse family forms.

6.4 Biogenetic Paternity

In same-sex male couples often both men will be fertile, but as Oliver (Case5) points out, “not with each other”. Thus, both men are capable of fathering a child unless proven otherwise. So the participants applied other criteria for deciding who would provide the sperm to fertilise the eggs, often based on pragmatics. As previously mentioned in Chapter Five, many participants were conscious of their age or had a set age by which time they wanted to have started a family, resulting in the older partner commonly being the sperm provider:

(Flynn) So I was older and we spoke about this thirty five, so I’m going to be thirty five first.

(Elliott) It’s a good enough reason as any; it gave us a bit of a logical basis for that decision rather than literally just tossing a coin. (Case14 Flynn & Elliott)

We’d already decided that you were going to be the sperm donor just because he was older and it was such a long-term passion. It was the obvious choice that he was going to go first so there was no real issue about that. (Case7 Dean)

As Dean also mentions, the older partner may also have been waiting much longer to find a viable avenue to become a biological parent, and therefore wanted to be the one to provide the sperm:

I was the one who wanted desperately a child, and my genes are more intelligent than [partner’s]! (Laughs), I’m joking; he is much more gentle, I thought he is the environment, he’s more gentle. (Case11 Isaac)

This concept of “nature versus nurture” is expressed again here, in a similar way that some of the participants discussed this idea in relation to their egg donor selection. In a slightly different take on “nature” one couple decided to opt for the partner who had the better sperm count; another example of planning ways to optimise their chances of conception:

[Partner] was less concerned about a biological connection so I jumped in and said me please...then we had more of a discussion around it and felt it would be fairer, because we'd both had semen analysis, let's go with whoever's got the best sperm, the strongest sperm. (Case3 Noah)

There were no reported disagreements within couples about who would be the genetic father, and the non-genetic fathers that were interviewed did not report any disappointment or upset at not having been the one to provide the sperm. This may be because for many couples there was a plan that both men would eventually father a child for their family. Therefore, as Elliott points out, it was a case of when rather than necessarily who:

The intention was always that it was going first, not a question of going at all. (Case14 Elliott)

Traditional surrogacy by means of informal self-insemination enabled both men to donate sperm on the same cycle attempt. This would not have been feasible if they were accessing surrogacy via a UK licensed fertility centre, as the sperm provided for insemination can only be provided by one man at a time, so paternity can be established. Informal insemination attempts also allowed men more flexibility to make pragmatic decisions about taking time off from work on the predicted ovulation dates that month, thus easing the stress involved and the financial implications of loss of earnings:

The first shot we'd both go together and do alternating evenings of insems, to give each of us 48 hours to recover, and then moving forward if that didn't work, then the next month I'd go on my own, the following month [partner] would go on his own, so there'd only ever be one of us there at any given time until we finally got pregnant. (Case1 Charlie)

We'd always discussed that our preference would be to just mix it up...if you think of the angle you are coming at it, because that's all we had ever felt, we are both fertile. (Case5 Oliver)

Those couples who undertook a gestational surrogacy arrangement were also able to create embryos from the sperm of both partners to use to create their family. Whilst restricted within the UK, it was possible for those couples accessing cross-border gestational surrogacy to transfer an embryo created from each of them in the same treatment cycle:

We always just went down the route of we'll both use our sperm and the fertility clinic normally put two embryos in so we just decided we'll go fifty / fifty...There were eight [embryos] from one [partner] and five from another...we didn't really think about it; I think we just thought we'll put them both in and see what happens with this one. (Case13 Nick)

Nick admitted not thinking too deeply about how many or whose embryos to transfer into the surrogate, but in contrast for other participants like Charlie this was a deliberate family planning decision in the hope of creating twins from both partners' sperm:

It was always going to be both of us. So however many eggs there were would be divided in half and we would both fertilise, and we were putting a minimum of two embryos in, one of each. I think the ideal obviously would be twins from one of each. (Case1 Charlie)

This concept of actively trying to conceive twins that were genetically related to one of each partner appeared to be a common goal. Even Harvey, who had not yet embarked on a surrogacy arrangement, discussed his "ideal" of having twins created by transferring one embryo created with his sperm and the other embryo created from his partner's sperm:

It would be awesome to have twins and it's like you are kind of twins because you were in the surrogate together, and you were born on the same day, but clearly you have got different fathers. It would be a great way of making a family that would be absolutely ideal. (Case4 Harvey)

However, in other cases where the couple were only using the sperm from one partner on that attempt, they were concerned that if they transferred two embryos and conceived twins, they may not try for a future sibling which meant one man would not have the chance to be a genetic father. For this reason, some men only wanted to transfer one embryo to reduce that risk:

There was the feeling that if we had twins then the desire to go for another baby wouldn't be there, so that was something we had talked about. So we were determined to have one child each and our two families. (Case7 Harry)

In these situations where only one partner would be providing sperm or embryos for that potential pregnancy, couples had devised ways of ensuring the non-genetically related parent could bond with the child. This involved planning for the non-genetic parent to cut the cord or do skin-to-skin at the delivery, or to be the stay-at-home dad, or primary carer for the child:

It was really important for me that [partner] held her first not me, because I just thought I've got a bond with her genetically and actually [partner] needs to, so that's why I purposefully made you hold her first. (Case7 Harry)

My worry would be if I am the genetic dad and I was the stay at home dad and I am the 24 hour carer... he [partner] is not away for more than a week at a time but he is not going to be as involved. (Case4 Harvey)

The participants' family plans seemed to extend far beyond the current attempt at conception. Some men seemed to have considered the possibility of the egg donor not being available if or when they wanted to try for a sibling pregnancy. Equally, some men were aware that not all embryos created and frozen for future use would be viable. Several couples therefore underwent repeat egg donation cycles in order to secure the same egg donor, and to calculate how to divide these eggs if one partner achieved poorer fertilisation rates on a previous cycle, to make plans for future siblings:

Essentially we can stack everything towards having this ideal that we have two children linked by the egg donor and we can get a good amount of embryos for both of us ready... on the second cycle we skewed the number of eggs that he would have so I would have 25% and he would have 75%...And we have that all in advance. (Case14 Flynn)

Some participants had been advised by other intended parents to create and freeze embryos in advance. It was believed that surrogates offer their services to fit in with other personal commitments, e.g. holidays, or children starting school, and therefore having embryos readily available may help to secure a surrogate by speeding up the arrangement timeframe:

We knew from talking to different people that a host surrogate will want you to have embryos ready. It's one of those things that you can do; the rest of it you can't do anything...We were basically trying to control how..., because there's no control over when you're going to get chosen. (Case14 Elliott)

The changing landscape of technical possibilities had not only created opportunities for gay men to have a genetically-related child, but now enabled them to build a family in which the siblings were genetically related to each of the men, and more importantly to each other. So, despite the fact that same-sex couples can never be biologically linked to the child in the same way that heterosexual couples can, they have devised their own ways of consolidating the family unit:

(Nathan) We both wanted to be biologically connected to our children so that by having IVF and one single egg donor that we're able then to have a genetic link between them which was important to us.

(Vincent) Our children are genetically related to each of us and to each other through the egg donor.

(Nathan) So it's as close as you can get genetically as well as kind of on paper I suppose or legally. (Case12 Nathan & Vincent)

There's decisions to be made about who goes first ...actually the expectation you might be able to have two children, you wouldn't even have considered that. We did two cycles with the same egg donor and we've got embryos frozen. So [daughter] is a product of [partners] embryos and then the intention is to have another child who will then be half sibling by the egg donor and genetically related to me...that sort of creates that sort of thing. (Case14 Elliott)

This importance placed on the siblings being genetically related, by using the same egg donor is interesting given the participants previous comments on the relevance of her genetic input in creating their family, and lack of importance placed on maintaining a relationship with her. It appears that genetic links can be given higher or lower significance within the family unit depending on how men wish their family to be viewed.

6.5 Selecting a Surrogate

One of the unknown variables of choosing surrogacy as a route to parenthood was whether surrogates would be willing to work with same-sex male couples:

A lot of the straight couples that come to surrogacy have been through years of harrowing this or that, cancer or no womb or half a dozen miscarriages, and they've all got this, sob stories the wrong word, but they've got a very impassioned story to tell. And there was a concern that why would you help a gay couple who have just come to it fairly, relatively easily versus a couple who have had all these years of heartache. (Case14 Elliott)

There was no precedent by which to weigh up this situation. It was only after joining a surrogacy organisation and attending their organised events that participants were able to judge the likelihood of surrogates offering to work with gay men. The participants reported that not only were surrogates willing to work with gay couples, but in fact some surrogates were choosing them in preference to heterosexual couples. This was evidenced by the speed at which the men were being contacted by the surrogates after joining the surrogacy organisations. In addition, even when the men decided not to work with that

particular surrogate they received another offer shortly afterwards. The perceived benefits for surrogates appeared to be that gay men were seeking surrogacy at the beginning of their parenthood journey, so they are excited and optimistic. In contrast, heterosexual couples seeking surrogacy are usually doing so as a last resort after previous attempts to conceive have failed. Gay men never expected to carry a child themselves, so had no expectation of pregnancy; unlike heterosexual women who were seeking the help of another woman to carry the child she hoped to carry herself:

It's very obvious that gay couples very quickly find surrogates, and that's probably not only because there are more surrogates available now, but also because this whole burden of past experiences is not there with gay couples. I think going through a pregnancy and then having to carry the personal burden of a women who can't have that, it's much easier with men. (Case11 Isaac)

(Robert) They haven't got a poor woman who can't have children, has been through hell, and you are going to have the sperm of her husband inside her. Whereas I think with gay men we are not so fragile about our sperm. (Dylan) Also it must be hard for a woman to think that your husband has inseminated another woman and they are going to have a connection...We have a lot to get round but that must be quite a lot to get round. (Case2 Robert & Dylan)

Although the men's accounts described their decision-making in selecting their surrogate, it is important to point out that in the UK, it is actually the surrogate who initially chooses the intended parents, not vice-versa. Surrogates can access the profiles of the commissioning parents and then seek out opportunities to meet the couples via the surrogacy organisations' conferences and social events. Surrogates may be informally "vetting" these couples before revealing the couple they are interested in getting to know further. Hence, the emphasis is on the intended parents to "sell" themselves in their online profiles to gain a competitive edge against other couples equally searching for a surrogate:

There was a lot of stress; were we posting enough on the website, not posting enough, shall we change the profile, are we doing the right things, do we need to go to more events? What do we need to do as a couple that would be the right steps for us to meet a surrogate? (Case11 Frank)

I think one of the hardest parts is that it plays on the basic insecurity of intended parents...it's like being picked for teams at school and then just waiting going well we've been here a similar amount of time as these people. (Case14 Flynn)

Robert and Isaac describe their emotional reactions when they were contacted by the surrogacy organisation to say a surrogate wanted to make contact with them; and how life-changing that call could potentially be:

We were like that woman that we just chatted to will actually have a baby for us, and we were just like oh my goodness, we were just blown away. (Case2 Robert)

We really celebrated that night...it was seven months into it and I just couldn't believe it...everybody talks about the so important call and I had to sit down and I had to say 'oh my god, oh my god'.... that very moment the idea of having a child kicked in really. (Case11 Isaac)

The UK surrogacy organisations' ethos of surrogacy built on friendship suggests a three-month "getting to know you" period of time to allow time to see if the arrangement suits both parties. Several men compared this "getting to know you" period to a first-date scenario, a little uncomfortable and being unsure whether or not you will get on with the other person:

We tried to make it as less contrived as we could, because obviously there was an agenda...we would go for dinner and drinks and just get to know each other, but I guess it was more about trying to suss each other out the whole time. (Case4 Harvey)

It's like going on a first date; you don't know what to say; what's your favourite colour and all that sort of stuff. It's a bit weird. (Case12 Vincent)

Participants opting for overseas commercial surrogacy were not able to select their own surrogate either. In these arrangements, the surrogacy agencies or fertility clinics matched the intended parents and surrogate and made the initial contact between these parties. Both parties could then reject this arrangement after meeting each other; the clinic would then organise a second match. Despite this “matching” being a complete contrast to the way the participants were able to choose their egg donor from multiple profiles, this did not appear to be problematic for the men. The participants seemed conscious of the fewer number of surrogates available, and appeared to trust the expertise of the surrogacy agency or clinic, that they “knew best”:

We also liked the fact that there was a matching process with the surrogate, that there wasn't some woman with an oven waiting to make us a baby, it was a matter of well we need to find the right person for you. (Case1 Charlie)

The men seemed to accept this situation of being chosen or matched rather than taking the lead in the process. Robert explained that they were amongst the first same-sex couples allowed to join the UK surrogacy organisations, and were “amazed” to have this opportunity; he had not considered being selective about a choice of surrogate:

In the beginning we didn't mind if they [surrogates] had done it before, we didn't think that deeply, if they were young, old, were healthy...We just thought oh my god this is amazing. (Case2 Robert)

However, other men had imagined the type of surrogate, and the kind of relationship they wanted with the woman who would carry their child. These images ranged from Kieran's expectation of a professional role, to others envisaging an emotional closeness to the surrogate:

This is maybe a more romantic view, but we weren't so keen on working with a surrogate who was doing this as a business, we wanted more of a relationship with them. At the end of the day they're going to be carrying our baby so there's going to be a lifelong connection there. (Case3 Noah)

As these accounts demonstrate, some men wanted to find a surrogate they could trust and have an "honest" relationship with. This seemed important to help reassure them that she would commit to the arrangement:

I was very much interested in a sincere, honest, close relationship. (Case8 Kieran)

It was about trusting the individual at the end of the day and being sure that your judgement in the short period of time you had to get to know them was right and that you weren't going to end up high and dry at the end of it. That was my biggest worry. (Case3 Luke)

We wanted to make sure whoever it was, was someone we could feel we could build a relationship with, we didn't have to fall in love with them it just had to be someone we could trust and get to know. (Case9 Ethan)

In some instances, men's perceptions of surrogates did not match the reality after meeting these women at surrogacy events:

The initial thoughts would be for a friendship, that you'd have someone preferably similar age etc...but there are a lot of surrogates who are actually a lot older because they've essentially had their own family and they want to help a couple now, so it kind of opened our minds to the fact that actually it could be an older lady that we'd be getting to know who could potentially become our surrogate. (Case14 Flynn)

The age of the surrogate was a concern for some other participants because of the potential pregnancy complications associated with advanced age. This was a cited reason for not pursuing a surrogacy contact:

The first one [traditional surrogate] was 44 years old and had had about 6 children before, and we just thought the potential for health problems is quite high.
(Case5 Oliver)

The surrogates' health and lifestyle were a concern for several participants. However, what was interesting in Robert and Dylan's account is that they, like the participants accessing gestational surrogacy, prioritised a healthy lifestyle and the surrogate's personality traits over physical characteristics, despite opting for traditional surrogacy where the surrogate would be genetically connected to the potential child:

(Robert) There were [priorities] like smoking, drinking, but not characteristic wise. I think you have to meet someone and if you think they are right you get on...
(Dylan) Also you come to realise that we are not in a world where we can go right there's the magazines, what are we going to have?; We're going to have tall, blonde, blue eyed...we went more for personality and the person themselves...It was more about health and lifestyle. (Case2 Robert & Dylan - traditional surrogacy)

In fact, physical characteristics did not seem to be a priority when selecting a surrogate for any of the participants. Instead, the majority of men wanted to find someone "they clicked with"; they were looking for a sense of connection with the surrogate to signify that this surrogate was the right one for them:

She had the same birthday as both me and my partner, and to me that's fate kind of thing. (Case9 Ethan)

We didn't have it in mind what our surrogate would be like...just hoped it would be someone we could click with and be friendly with. (Case12 Vincent)

Some of its gut feeling; we had to feel good about it, this will be part of our children's history and who they are, and we need to feel ok with it. (Case5 Oliver)

The men appeared to be strongly swayed by this “gut feeling” despite acknowledging that this also may jeopardise their overall chances of finding a surrogate:

We both genuinely knew that she wasn't the right person but there was like well if we turn this one down now will there ever be another one. (Case3 Luke)

[UK surrogacy organisation] were a bit horrified that we said no, they were like people wait years to get a match and now you are turning one down. Almost like how dare you; who do you think you are? We are not trying to offend anyone we are just people trying to make the right decision. (Case5 Oliver)

These accounts demonstrate that for the participants in this study, the problem was not finding a surrogate, but finding the *right* surrogate to work with. The men's decision-making was based on a “gut feeling” about which woman was right for them, and that “feeling” was further influenced by what they considered to be genuine reasons for her becoming a surrogate. This seemed important not only to those men seeking an altruistic arrangement, but also to those men who had chosen a commercial arrangement overseas:

We wanted to feel they were a nice person; they were doing it for genuine reasons of trying to help someone out. (Case3 Noah –UK Surrogacy)

Just liked her reasons why she wanted to do it. We met her, got on really, really well, it just felt right. (Case5 Oliver – UK Surrogacy)

The letter explaining why [they want to be a surrogate] said I would like to do surrogacy for someone because I owe something to life, with a big 'L'; I liked that. (Case8 Kieran – US surrogacy)

For those participants who were undertaking traditional surrogacy in the UK, choosing a surrogate who had completed her family seemed to address potential anxieties about the surrogate keeping the baby. Noah recalls his concerns when they were contacted by a traditional surrogate who had not yet completed her own family:

We were led to believe they would only accept surrogates when they'd confirmed they'd finished their own family, so to have applications come through saying that they'd not finished their own family was a bit confusing for us.

(WN) Why was that particularly important to you?

Because then they wouldn't keep our baby. (Case3 Noah)

Legally, it was also important to some participants, especially those seeking cross-border arrangements, that their surrogate was a single woman. This was to safeguard against the surrogate's partner being registered as the "father". This concern over a lack of recognition as the genetic parent often took precedence over physical characteristics or other selection factors:

If she's married, he [surrogate's husband] becomes the legal father, something beyond my imagination. (Case8 Kieran – US surrogacy)

At the time the Human Embryology Act hadn't come in, so the surrogacy agency were very keen to make sure that we matched with somebody who legally matched. So we needed to find a surrogate in the right [US] state that connected with the laws of this country...because British law would recognise a husband as the father...she'd had to be single. (Case13 Owen - US surrogacy)

Finding the *right* surrogate seemed to be a priority for the majority of men. The participants engaged with a mean of 2.8 surrogates (range of 1-7 surrogates) during their surrogacy journeys. The men seemed to value the surrogates' previous and 'proven' surrogacy experience, and this was felt to be an additional benefit to help navigate them through the complex surrogacy process:

We had a younger person who hadn't been a surrogate before and wasn't in a relationship, she had a little boy of her own...or there was [surrogate] who's an experienced surrogate, done it a few times before, had a partner and a family ...so it was a bit of a no brainer. (Case12 Nathan)

The surrogate having “proven” surrogacy experience also reassured them that she had relinquished the baby to other intended parents previously. This evidence further reassured them, as far as was possible at that stage of the process, of her potential to fully commit to this arrangement. Some men reported this as only a minor concern “at the back of their mind”. For most participants this worry seemed to ease once they found the “right” surrogate, and as their relationship developed with her and her family over time, this concern became less prominent:

Weirdly less concerning [the surrogate not relinquishing the baby] once we got to know her and we were in the process. And once she was pregnant with our daughter it was weirdly not as weird as you would think it would be. I think our friends and family were panic stricken about exactly that happening and had a whole soap drama playing out in their heads. But for us actually it was really strangely normal. (Case5 Oliver)

Oliver's account reveals an initial expectation that this step in the surrogacy arrangement would be problematic. This may explain why some participants chose to undertake their surrogacy arrangement overseas where they had more legal protection in relation to parental rights, than those opting for surrogacy arrangements within the UK:

[Surrogate] was more worried that we would be changing our mind than we were worried that she would change her mind because we also knew that under US law it would be very hard for her to change her mind. Even though she's the biological mother she'd surrendered all parental rights to the baby before she even got pregnant...no, that didn't bother us. (Case1 Charlie – US surrogacy)

Many men recalled how their relationship with the surrogate grew over time, resulting in a deeper sense of trust in her. This trust was strengthened by the surrogate referring to the baby as their child she was care-taking temporarily:

We trusted her fully...she was so good at not going too far in to that bonding and just making it very clear that he is not my child, he is yours, I love him and I want to provide a good environment but he is not my child. (Case11 Isaac)

There's always that 1% in your mind that she might not give you the baby, but no generally 99% we were pretty sure that no, she doesn't want to have a bond, apart from to obviously see him grow up as anyone does. (Case12 Vincent)

Throughout the interviews, many of the men like Owen (Case13) emphasised the importance placed on the surrogate, “*who the surrogate was going to be, again frankly they're the rare, they're the crucial element*”. The participants seem to grant the gestational surrogate a higher status of importance, despite the lack of a genetic link to the child, suggesting that kinship has a wider importance than genetic involvement. This may be a way of protecting the family unit by minimising the external genetic contribution or be a result of the longer time period spent with the surrogate which nurtured a closer relationship.

6.6 Fluidity of Decision-Making

Whilst participants discussed their thought processes and rationale for decisions made about their surrogacy arrangements, these accounts clearly demonstrate that often there was not a “choice” as such. Many decisions were constrained by factors such as the availability of egg donors, financial restraints, or formal policies, for example, in the UK, HFEA regulation stipulates that only embryos created from the sperm of one man can be transferred on a single treatment cycle.

As a result, their surrogacy arrangements were complex and multi-layered. Men engaged in numerous surrogacy arrangements, with different surrogates, over several years in both

the UK and overseas. During these attempts to conceive, their priorities and decision-making was fluid and contextual. For some participants, specific factors that had been a priority at the start of their journey, e.g. desired egg donor characteristics, the previous experience as a surrogate etc., held less importance after failed attempts occurred; the longer it took to achieve a pregnancy the less prescriptive their 'choices' became:

For us at the beginning it was very fixed this is what we wanted and over time we've softened to that a little bit. (Case14 Elliott)

We'd gotten a little bit more desperate by that point...it had already been four years since we'd started and so I think it was a case of within reason anyone will do...I think it was more we want a baby, how that baby arrives or what it looks like, it doesn't really matter now. (Case3 Noah)

In many respects this reflects other infertility literature (Eisenberg et al., 2010) where heterosexual couples may initially oppose using third-party ART, until the hope of conceiving their own genetically-related child becomes less viable. As failed cycles ensue, treatment options previously rejected may be reconsidered in light of their current situation. In this study, some men who had previously opted for traditional surrogacy turned to gestational surrogacy, or vice-versa; another couple used eggs from a frozen donor egg bank and admitted they could not recall the physical characteristic of that donor, despite previously been more selective:

All the embryos failed. The third time round we actually used frozen eggs, from an egg bank...and honestly I can't even remember what she looked like or anything...at that point we just wanted a child and what becomes the priority is actually achieving a pregnancy and having a healthy baby. (Case1 Charlie)

Some participants worked with surrogates they may have previously rejected because of her lack of previous surrogacy experience, or because she had not had her own children. Other participants also reported that the initial importance placed on them being the

genetically-related parent also changed after failed cycles; the goal was ultimately “to have a child together” and this took precedence over any selection criteria:

(Dylan) You decided you didn't want to be the biological father any more.

(Robert) Yeah I think I just thought I am jinxed; it's never going to happen if it's me.

(Case2 Dylan & Robert)

The question of the biology, did it matter? Yes and no because by that point it was well we just want to have a baby now and this is starting to get a little silly.

(Case1 Charlie)

6.7 Disclosure

The absence of a female partner in a two-father family meant the participants anticipated needing to explain their path to parenthood to their children. All the participants deemed it important to be open and honest with their children about their conception and had started to plan for, or had already started to disclose their use of surrogacy to their children:

In our situation we're actually quite lucky; we can't hide where [son] comes from. We're not a male/female who could pretend for a while that me as the woman gave birth to your child...we want to be open and honest and say this is your Auntie [name], she carried you in her tummy for 9 months. (Case3 Noah)

When they have their biology lesson at school he is going to say right this two daddies, ok it's cool for you but I must have come from somewhere. And we will say well you know aunty [name] that was the lady whose tummy you came out of. Oh is that my mummy, well it's not a mummy as such, like such's mummy, but yes you could say that. We can't say well I gave birth to you. (Case2 Robert)

One participant had created a dinosaur story to read to his children, to describe how two men need help to have a baby. Interestingly, despite undertaking a gestational surrogacy arrangement, Kieran's story only includes the help of one woman:

This story of the two dinosaurs that really love each other and one is called George and the other one is called Peter, but they can't have any baby dinosaurs so they ask this lady dinosaur if they could get a couple of eggs from her. She saw them so in love with each other that she gave them two eggs and out of these two eggs came two little baby dinosaurs and that's why George and Peter have two baby dinosaurs. (Case8 Kieran)

As several of the accounts demonstrate, men intended to describe the surrogate as an "auntie", or as "daddy's friend" who had helped them conceive:

Who had us in their tummy? And I said a friend of daddy in America helped daddy to have you...How come? Well because daddy wanted to be a father of two marvellous children like you, and I asked this friend of mine if she would bear these two children for me in her tummy and she had you. (Case8 Kieran)

We're not going to say [surrogate's] your mum, or your tummy mummy, she's Auntie [name of surrogate] that's what we've agreed now. (Case12 Nathan)

There will be no surprises for [son] because we talk about it all the time...he knows who Auntie [surrogate's name] is, he doesn't quite know exactly what role she played other than he knows she played a role in helping us to become daddies. There will be no secrets for [son]. (Case1 Charlie)

This "auntie" role seemed to be the most popular description given to surrogates to indicate their link with the family whilst distancing them from the parent role, as explained by Oliver:

It's much easier than you would imagine it doesn't feel weird at all... guess it's kind of like an auntie figure, she is someone who is part of their lives, she is connected to them but she is not their parent. (Case5 Oliver)

As well as considering how the surrogate would be referred to, the men had also started to think of ways of explaining the structure of their family, and how that may differ to other families their children may have contact with:

There are families with one mummy and two children, and there are even families with one mummy and one daddy and two children. But in our case we are one daddy and two children. And it gives them the reassurance that they are just children with a daddy. (Case8 Kieran – separated father at the time of interview)

She sees other children with just mums or just dads or just grandparents and she sees herself with two dads. So she said where is my mummy? And I said you don't have a mummy you have got two dads and it makes you special. And that's been quite a few times, but we just respond to it in quite a normal matter of fact sense rather than making a big deal of it. (Case9 Ethan)

Most participants had compiled journey books, or photo albums to help them explain their surrogacy journey to their children, and explain who the women involved were. Some men just had photographs of the surrogates, other had photographs of the surrogate and the egg donor, plus in some cases, these women's families:

We've kept a diary with [Surrogacy agency]; we're turning that into a book with pictures and captions... [Surrogate] will have a copy and we will have a copy, we'll show it to [daughter] and yeah then we'll continue contact. [Surrogate's] kids refer to us as Uncles; [Daughter's] their cousin and [surrogate] is her Auntie [name] that's how we see it continuing. (Case14 Elliott)

In the future she [daughter] may want to track these people [egg donor and surrogate] and that's fine...and also possibly she may want to go and find her other half siblings. So I just think when it comes to that, hopefully we will support her so she at least she has got something to begin with to do the search. (Case7 Harry)

These photo albums and diaries also served as evidence of their intentions to be parents, which was a key requirement of court officials when applying for a Parental Order. This strategic plan to procure evidence that could be utilised for both the child and for official processes appears to be another way in which the men sought to provide security and legal status of their family unit:

I think with this photo book that [Parental Order application] went very easily. If we hadn't had it I think it would have been a much longer meeting with CAFCASS... we also gave a copy to grandparents; we gave a copy to our surrogate. (Case11 Isaac)

The desire for openness of the children's surrogacy origins meant that all the participants anticipated that as their children got older, their questions would require a higher level of detail. The complexity of surrogacy arrangements led to the participants breaking down these details into age-appropriate snippets:

As she gets older we will be able to give her more detail and I have no hesitation in just being 100% honest with her. (Case9 Ethan)

More recently they've started to ask questions like "do daddies have children in their tummies?" I said no. I think the main point is to remain clear and honest; obviously explain and answer what they ask for but no more, because if you try to go too much they don't understand, they're not ready. (Case8 Kieran)

A few participants acknowledged that their children may have additional questions that they themselves may not have considered or resolved as yet:

What if he finds out one of us is the biological dad and the other is not. So we then had a discussion around well how are we going to handle that and we haven't actually solved that yet. (Case3 Noah)

When they get older they may decide that they want to call her mother and that's how they feel and that will be their choice and their decision. I don't know how [surrogate] will feel about that either. There are a million things that will have to be negotiated and worked out as they get older. But what we are trying to do is just talk to them and just have them growing up knowing everything and being aware of it and it will work itself out. (Case5 Oliver)

6.7.1 Disclosure to Others

Although all the participants expressed their desire to be open and honest with their children about their origins, most men were less keen to disclose the genetic parent's identity to their family and friends. Many men reported that identifying genetic parentage was not important to them as a couple and did not want it to affect the equal treatment of both men as fathers. However, they did have concerns that this may hold more importance to their extended family:

I had concerns if the baby was biologically mine, how his parents and family would feel about that baby, and to a large degree I probably still have some of those reservations. So no, it wasn't that important to both of us...for me it was concerns around how family would react. (Case1 Charlie)

Interestingly, despite this silence amongst family and friends, all the participants did identify the genetic parent in the interviews, although one participant then realised that perhaps he should not have done so:

I would love to see a little mini you; we have got a mini you, but we don't tell anybody who the father is, we don't talk about that. So I shouldn't have said that.

Many men were concerned that this disclosure may impact on grandparents' acceptance and bonding with a non-genetically-related child, and therefore used different strategies to conceal this. Some men chose to mix their sperm or embryos, so there was "Intentional unknowing" (Murphy, 2015). This arrangement meant the men would not know, unless they opted for DNA testing, which one of them was the genetic father. There were situations where a few participants had accessed DNA testing but this tended to be for a specific reason, i.e. if they had transferred two mixed embryos resulting in a singleton pregnancy and wanted to use the non-genetic parent's embryos for a sibling. Also, in some overseas countries, DNA evidence of the biological link to the child was required to obtain the birth certificate, and subsequent passport, visa or immigration documents to bring the child home. None of the participants reported wanting DNA testing solely for their own proof of paternity. This appeared to be another way in which men could enact some control over their family planning intention by providing a means of equally contributing to creating their family, rather than the emphasis being on a confirmed genetic father:

It's not important to us at all; they are just our kids. ...we made it clear it's not something we would discuss. I think my family both think they are both biologically mine and I think [partner's] family think they are both biologically his. And I think they absolutely believe that...people see whatever they want to see, it's fascinating. ...that's part of why we did it [mixing sperm], we need our families to engage with our children as our children, and not feel that one is one and one is the other...we can't have any possibility that they are somehow treated differently.
(Case5 Oliver – traditional surrogacy)

In situations where the genetic father was known, participants chose not to share this information with their families to safeguard against others inadvertently 'leaking' these details to their children ahead of the men's plans to do so. Participants wanted to take control over when and how the child was told about their origins:

(Robert) One of us doesn't want to feel less valued and also we don't want somebody accidentally going oh your dad, and your dad's husband.
(Dylan) We feel it's up to us and not someone else to tell him and like nobody knows, no one has ever met the birth mother, nobody knows the birth mother's name. It's up to us to tell him and for us to feel like this is the right moment that he needs to know this. (Case2 Robert & Dylan)

In these situations several participants explained how they had used “red herrings” to cloud the situation and keep the family guessing:

My mum especially is convinced that he is biologically mine and I have not said anything, but there is a photo of [partner] when he was a baby with his aunty carrying him and I put it on the table because I knew that would confuse them. So I pointed it out to my mum and she said oh my god he looks like him doesn't he...and I said yes he does. (Case2)

6.8 Summary

This chapter has presented the participants' accounts of their procreative decision-making during their surrogacy journey, and explored the key issues that framed their surrogacy experiences. The participants' narratives depicted surrogacy as a multi-layered and challenging route to parenthood, but one which offered specific benefits for these participants. These findings highlighted the ways in which the participants enacted a heightened sense of responsibility that influenced various aspects of the surrogacy process, and provided rationale for the choices made. Decision-making was fluid and contextual; with the men prioritising improving conception chances over specific characteristic or genetic contributions.

These findings suggest that the process of becoming a parent via surrogacy requires careful planning, decision-making, and a great deal of forethought as they consider and negotiate third-party input to help them create their families. The participants sought to exercise their procreative agency at every opportunity, within the boundaries of feasibility.

By enacting a degree of control over their surrogacy arrangement, albeit it limited at times, they were able to justify the choices they made and feel able to disclose the nature of this arrangement to their future children.

The next chapter explores the participants' interactions with key stakeholders involved in the surrogacy process to identify the roles they play in facilitating or limiting the use of surrogacy by gay men.

Chapter Seven: Men's Engagement and Experiences with Stakeholders Involved in the Surrogacy Journey

7.1 Introduction

The previous two chapters explored factors that shaped men's desire and motivations to become parents, their rationale for choosing surrogacy, and their subsequent procreative decision-making. This chapter reports the men's experiences with stakeholders they engaged with during this chosen path to parenthood. In this study, stakeholders refer to individual, social and political actors that may play a role in facilitating or limiting the use of surrogacy by gay men. As discussed in Chapter Four, very little is known about the phenomenon of UK residents' use of surrogacy to become parents. To address this gap, additional interviews were carried out with 15 key stakeholders as an exploratory activity to help inform and contextualise the phenomenon. The aim of this chapter is therefore to examine the intersection of these accounts by drawing upon both sets of data; the men's interviews and some of the key stakeholder interviews, to enable reflection and deeper interrogation of the factors that enable and constrain surrogacy from both perspectives.

It is important to recognise that not all intended parents will engage with the same range of stakeholders during their surrogacy journey. These interactions will take place at specific stages in the process and will depend upon the chosen surrogacy route and the level of support each individual couple choose to access. For example, only those men seeking cross-border surrogacy arrangements may seek the assistance of a lawyer, or engage with immigration officials. Similarly, men opting for traditional surrogacy within the UK might only become members of a UK surrogacy organisation to access a surrogate, but may not engage with fertility clinic staff. By contrast, all participants who had undertaken surrogacy had engaged with maternity services. This chapter will therefore focus on the men's interactions and experiences with the key stakeholders most men highlighted during their interviews; namely: surrogacy organisations, surrogates, fertility clinic staff, maternity services, and the UK legal system, whilst acknowledging that not all participants discussed all stakeholders. This chapter is organised to align with the steps intended parents take during a surrogacy pathway as outlined in section 1.4.

7.2 Encounters between Men and Surrogacy Organisations

Many men identified the surrogacy organisations as playing a pivotal role in their pursuit of surrogacy. This section of the chapter presents findings from the interviews with the men and the surrogacy organisation representatives to explore how joining such an organisation benefits same-sex male couples seeking surrogacy.

Some men identified these organisations as being important because they valued the support they provided during their journey. Others had been unable to access such services at the time they embarked upon surrogacy but recognised the benefits of such provision in helping men navigate the complex and challenging aspects of the process:

The agency [is key] without a shadow of a doubt...ours was a rough journey; 65,000 dollars on IVF and no baby, we were struggling financially and emotionally, and I think what really makes me a big advocate of [US surrogacy agency] was how supportive they were around that and how [agency owner], was personally involved. It wasn't left to some lackey in a back office to appease us. (Case1 Charlie)

I think knowing how traumatic and stressful and horrendous the whole process has been, a lot of that wouldn't have been there had any of these organisations said yes we will support you through this. (Case9 Ethan)

As UK surrogacy laws prevent both surrogates from advertising their services and intended parents advertising their need for a surrogate, the UK surrogacy organisations offered a vital means of accessing surrogates, without which, pregnancy would not have been possible, as this surrogacy organisation representative describes:

I don't recall knowing a gay couple coming with a surrogate, they come for a surrogate...that's what we do, we have the surrogates, and they are finding that there are very few surrogates about and a lot of them are with [UK surrogacy organisation].

(KI 4 - UK surrogacy organisation (B) representative and previous surrogate)

The surrogacy organisations' role is to screen and support both surrogates and intended parents to ensure a positive outcome for both parties. As Oliver's account demonstrates, it was important to some participants that the women were entering into this arrangement voluntarily without the possible element of undue pressure that perhaps a known or familial surrogate may feel. Joining a UK surrogacy organisation enabled them to gain access to such women:

The reason we went to an agency was because we didn't want to feel bad in any way, we wanted to find someone who'd decided they wanted to be a surrogate themselves of their own volition...that they were going to do that anyway, so great we want that, so that's a lovely match and everyone is happy. (Case5 Oliver)

In addition, both the domestic and overseas surrogacy organisations were highlighted by the men as providing an important role in raising their awareness of specific issues that may arise at certain stages of their journey, and offering support, guidance, and experience on how to manage and negotiate such matters:

There are a thousand pitfalls along the way, if you try and do it on your own it would be one hell of a mission...just knowing that you had all that support and also, that you had guys that had done this before, we didn't at any point feel that they had missed a box that could come back and bite us on the backside later. (Case1 Charlie - US Surrogacy)

I would definitely recommend [UK surrogacy organisation]. I think you get what you pay for. I think it's easier to go online to Facebook and join a surrogacy group and to have a lot of random people posting things and wonder where you start but I think with [UK Surrogacy organisation] there is a membership fee but once you go through the checks and you pay that fee just so much information is made available. (Case11 Frank)

Furthermore, both the men and the surrogacy organisation representatives perceived the surrogacy support workers as impartial mediators, helping to negotiate between intended parents and surrogates if any concerns or disagreements emerged:

The getting to know you¹³ bit is important and actually the measure of success in a way is the number of couples that don't complete their journeys because they actually don't get on, or there's a conflict, and they break at that point. So, the system is working in that respect, so that supports both couples. (Case12 Nathan)

The main challenges we have is people not communicating properly so the relationship breaks down...And then we do have to keep their head above water to get them to that end stage; afterwards they are absolutely fantastic; best friends again. (KI 4 - UK surrogacy organisation (B) representative and previous surrogate)

As the following account from a UK surrogacy organisation representative demonstrates, sometimes their role was to offer reassurance to commissioning couples who had not previously experienced pregnancy, to help explain why some of these situations might be occurring:

¹³ UK surrogacy organisations recommend a minimum three months "getting to know each other" period prior to commencing a surrogacy treatment programme, to allow both parties to discuss their expectations of one another and specific details of their proposed surrogacy arrangement to ensure their needs are compatible.

I'd say to intended parents, it's a bit like if your girlfriend, partner was pregnant and she was having mood swings you wouldn't think bad of her if she got a bit moody with you, so they have to think when the surrogate is acting a bit funny or a bit picky... it's give and take isn't it, gauging and getting the message...she's tired and she doesn't want to talk for hours that night, she's really tired, she's feeling sick. (KI 3 - UK surrogacy organisation (A) representative and previous surrogate)

However, not all the participants perceived the surrogacy organisations as completely neutral and a few men felt that they preferentially took the side of the surrogate:

[UK surrogacy organisation] can sometimes have a tendency to think that the intended parents are the bad guy. But actually, sometimes the surrogate is pushing the IPs to the point of no return because I say something, I do something, it's seen as a negative, but actually I'm not doing anything wrong; all I want to ask is does she need anything? I am there for her. (Case2 Dylan)

As discussed in Chapter Five, several participants reported how beneficial they had found the opportunity to talk to other same-sex couples who had also been through the surrogacy process. Some men described how becoming members of a surrogacy organisation had an unexpected bonus of meeting other couples who had successfully become parents, or were at different stages of the surrogacy journey, who were willing to share their experiences and expertise to help others:

We went there [UK surrogacy organisation] looking for a surrogate but actually, we found a support network of other people who are either a step ahead of you or two steps ahead of you., and then very quickly those people are a step or two steps behind you, and that works really well with the ethos that you support them a little bit and they support you. (Case14 Elliott)

These accounts suggest that joining a surrogacy organisation offers same-sex prospective parents much more than just an opportunity to find a surrogate; it offers a range of other support networks, including access to same-sex surrogacy family role-models, helping to

reaffirm that parenthood via surrogacy is viable. This perceived benefit of being able to learn from other men who had already been through the journey suggests the participants valued those lived experiences more than the professional advice and services, which they might otherwise have needed to access to progress on their path to become parents. Surrogacy organisations were perceived to be key facilitators for men seeking surrogacy support workers. Many of the organisation support workers had been previous surrogates or intended parents themselves and could use their wealth of experience to mentor men through their surrogacy journey.

7.3 Men's Experiences with Surrogates

This section explores the interpersonal relationships and interactions that take place between same-sex male intended parents and surrogates, and draws upon the interviews with the surrogates and the surrogacy organisation representatives to learn more about this collaborative procreative experience. This section comprises the following themes: emotional bonding; relationship tensions; mixed emotions; and perceptions of on-going relationships.

7.3.1 Emotional Bonding

The majority of men wanted to fully experience the pregnancy process, by attending antenatal appointments, ultrasound scans, and being involved in writing the birth plans. For some participants this served to reinforce their parental identity to both themselves and to healthcare professionals:

I wanted to be at all of the scans...and [surrogate] said it's less about what you want, this isn't my baby, I expect you to be at all of the scans; this is your baby. And for us, that changed our perception largely of she's not doing us a favour in terms of letting us go to these things, at the end of the day we're the parents so we have to do what parents are doing, she's literally just carrying it. (Case3 Luke)

(Vincent) Just wanted to be there for everything, didn't we? We went to every appointment, we could, every Midwife appointment.

(Nathan) Because we always took the view as does [surrogate] that it's our baby so why wouldn't you want to go. (Case12 Vincent & Nathan)

Throughout the interviews, men talked about how their relationships with their surrogates developed over time and how this deepening friendship helped to allay their initial anxieties about the surrogate reneging on relinquishing the baby. Several of the men expressed a desire to “take care” of their surrogate during the pregnancy as this woman was carrying their baby so they felt a need to look after her. Looking after the surrogate also seemed to serve as a means by which the men could start to develop a connection with, and demonstrate affection for their unborn child, as the following accounts suggest:

The way we love him is, how can I say it, to get to him I had to go through her, and almost hugging her, loving her, making sure she had bubble bath and she was relaxed, almost the love I have for him I had for her. (Case2 Dylan)

The more [son] grew, we established a relationship to him and we sang songs, we recorded songs we wanted her to play...There was one incident when she told us oh he was kicking so hard and her girls were saying oh mummy did he hurt you....and you felt like come on, don't say that; be nice to our boy". (Case11 Isaac)

Other participants stressed the importance of their surrogate having a partner, or significant other, providing her with on-going emotional support during the pregnancy. However, as discussed in section 6.5 the surrogate having a partner equally brought additional challenges in relation to legal parentage, depending on where the men sourced their surrogacy arrangement. Owen's account demonstrates the dilemma faced in specifically seeking an unmarried single surrogate to enable them to be named on the child's birth certificate, and their concerns about effective support being available for the surrogate. If the surrogate had her own children, there were also concerns about who would be helping her with her childcare responsibilities whilst she was pregnant, and whether this would affect her ability to take care of herself during the pregnancy:

You think to yourself it's hard, you're raising a child and you're pregnant and you're on the other side of the world. I want somebody to look after you. (Case13 Owen)

The men's accounts suggest that the participants attempted to nurture their surrogate in different ways. One participant, whose surrogate was overseas, travelled to the US to meet the surrogate and drive her to the clinic as she was on her own and had never travelled outside her home state (Case1 Charlie). This invested time helping to build a relationship with, and care for the woman carrying their baby may also be perceived as a way of ensuring the best outcomes for the intended parents. This sentiment appears to be echoed in the account provided by one of the interviewed surrogates:

Surrogacy works that you bond with the parents not with the baby, you know, you bond with the parents and they bond with the baby.

(KI 3 - UK surrogacy organisation (A) representative and previous surrogate)

7.3.2 Relationship Tensions

Although the developing relationship between the men and their surrogate allayed some of the men's initial anxieties, several participants reported concerns that this relationship changed in a negative way during the pregnancy. A number of the men felt that their surrogate deliberately distanced themselves as the pregnancy advanced and this led to the intended parents feeling excluded from knowing what was happening with the pregnancy at certain times. This also resulted in some surrogates reneging on previously agreed decisions, such as the intended parents' involvement during antenatal appointments and / or during delivery:

There were times going through the 8 months pregnancy where we chatted and texted and it was like we were best pals and then other times where you would hear very little from her and what you did hear was nasty. It just wasn't a comfortable process to go through. (Case9 Ethan)

Many participants reported feeling vulnerable to the demands of the surrogates they worked with. This perceived lack of control within the situation resulted in men feeling a need to compromise on some issues to ensure that the surrogate continued with the arrangement, and more importantly would hand over the baby after delivery, as legally, a surrogate has the power to change her mind:

It was becoming more and more clear how little control we have and how few rights we have, and how much at the beck and call we are of the surrogates. If you have a lovely surrogate, like we ended up having, that's fine, but if you have one that takes the piss basically, and there are more of them than there are nice ones, then we really don't have a leg to stand on and you're so vulnerable. (Case3 Noah)

Similarly, other participants felt their experiences were being steered by their surrogate with them needing to take a 'back-seat' to prevent the arrangement being jeopardised:

We knew it was a baby boy because she [surrogate] forced our hand on that as well. He [partner] didn't want to know what it was...but she said I am going to find out...she decided she had to control the whole thing and she did control the whole thing. (Case2 Robert)

In some ways, as a metaphor, she drove the car and we were along with her on the journey". (Case11 Frank)

One of the surrogates supported the men's perceived lack of control within the arrangement:

There is an issue with power I think. It is very unfair that the surrogates have all the power; we have all the control. That only lasts as long as the Parental Order to take effect and once that's done we have no rights anymore. It's give and take; we do have all the rights and control whilst it's our body and our lives but for the rest of the lifetime we don't, so it's not completely unfair. (KI 12 - Surrogate)

Men's active involvement in the pregnancy seemed to be perceived as a way of gaining acknowledgement of their parental status. However, Robert's and Dylan's account suggests that their assumptions of their level of involvement and what would be acceptable during the pregnancy did not match the expectations of their surrogate:

(Dylan) I wanted to experience the whole..., her body changes, be able to touch her tummy, be able to put my head to it, that all broke down.

(WN) Was that something that you had spoken about whilst she was trying to get pregnant?

(Robert) No, we hadn't really thought about it, we thought that's what would happen, we just thought that's what girls would do. (Case2 Dylan & Robert)

Several men reported a lack of experience of pregnancy and therefore had no prior familiarity to help explain if the surrogate's changed behaviour towards them was an expected physiological hormonal response during pregnancy, or whether this was an indication of a breakdown in this relationship. Some men tried to rationalise the surrogates' changed behaviour as a possible mechanism for detaching herself from the forthcoming delivery and a means of preparing to relinquish the baby, and perceived this as a possible personal quality that enabled these women to act as surrogates:

(Robert) Surrogates aren't the warmest of characters; they do have a little something inside them that allows them to do this. There is a little bit of a switch off mechanism... [Son's] birth mum never really warmed to us even when she had him. She has that kind of character where they have a line where they can do this.

(Dylan) They have to really; they have to have that line because otherwise if they don't and they cross that line then it becomes an emotional attachment.

(Case2 Robert & Dylan)

Two of the interviewed surrogates also highlighted this perceived ability to disconnect emotionally from the pregnancy as an important characteristic needed to act as a surrogate:

The thing we all have in common is the ability to detach. So for me, it was never my baby, the minute I was trying to get pregnant I just felt nothing. I found out I was pregnant; I was just really happy for them, everything I felt was for them.
(KI 12 - Surrogate)

There were people saying how can you do that; how could you give up your child. I said I am not giving it up, I am giving it back, it's not mine, it never was mine; I am borrowing it and giving it back.
(KI 4 – UK surrogacy organisation (B) representative and previous surrogate)

7.3.3 Mixed Emotions

Although some men seemed to struggle to comprehend a change in the surrogate's behaviour during the pregnancy, they seemed less perturbed by what they described as the women's natural hormonal response following the birth. Most participants appeared to expect their surrogate to have an emotional response post-delivery, and did not perceive this "baby blues" period as an indicator of regret, or a sign that she may want to keep the baby, but rather a natural physiological process that the surrogate would experience:

She turned up and she was blubbing, sobbing. And she held [son] for several hours just sobbing and she kept looking at us and nervously saying I haven't changed my mind, it's not that I want to keep him, it's just it's all over now. (Case1 Charlie)

Similarly, Oliver acknowledged how the surrogates' reaction could be interpreted as a sign of regret at having agreed to relinquish the child she had carried, but went on to explain that only people with "insider" experience of surrogacy could understand and relate to this situation:

There are lots of unknowns; we didn't know how that would feel and how [surrogate] would feel...But there is that balance, after our daughter was born, [surrogate] came down to visit...and [surrogate] said I am just crying all the bloody time, she was finding it quite difficult...it was never in the context of oh I want her or she is mine, it's just it was very difficult to do. And that's quite complicated for people on the outside to understand that those two positions can be held at the same time...and you have to think it would be weird if it wasn't difficult, you're not a robot'. (Case5 Oliver)

Whilst one of the interviewed surrogates did report having postnatal depression after her surrogacy pregnancy, one of the surrogacy organisation representatives suggested that a physiological reaction following pregnancy did not equate to feelings of regret or a sense of emotional loss for this baby:

People said, oh do you think it's because they took the baby; do you think your body's crying out for the baby? So why do other people get postnatal depression then because 99.9% of women get it who have their babies, so why on earth would it be because... [of the surrogacy], it's just bad luck. I think one out of four women or something get postnatal depression, don't they? (KI 12 - Surrogate)

I have known one [surrogate] who suffered from postnatal depression but she wasn't depressed while she was pregnant, she soon went on to get pregnant again and she didn't want any children of her own... she found that pregnancy was a good thing, it was after she wasn't pregnant and not needed any more she felt...[depressed].

(KI 4 – UK surrogacy organisation (B) representative and previous surrogate)

Participants felt that although the surrogate had given birth to *their* baby, she may still want to see, hold or spend time with the child after delivery. Indeed, some participants recalled actively seeking opportunities for the surrogate to spend time with the child before they took their baby home:

She hadn't seen them [twins], so just in case she felt..., I didn't want her to go away with that feeling. And she did come and see them and then said oh my god, they're beautiful, you're very lucky ... And that was the end of our contact until she left the hospital the following day and we had a big hug and she said goodbye and since then we've kept in touch occasionally through email. (Case8 Kieran)

She was just on her own with him and I was just thinking it's kind of a little, oh I carried you and this is our little five minutes just to say, not goodbye but you know what I mean, it's that kind of thing. (Case12 Vincent)

Allowing the surrogate to spend time with the baby, if she wished to do so, appeared to be a way of the men demonstrating that they trusted the surrogate and understood that her emotional state did not equate to her changing her mind about keeping the baby:

We always wanted to be respectful and to demonstrate to [surrogate] that actually that wasn't a concern of ours at all so we probably overdid it the opposite way if that makes sense...we asked [surrogate] to carry him on the bed up to the ward... Which she liked and it was nice for her and we let her. (Case12 Nathan)

Some of the participants, like Isaac, did express empathy for the surrogate in having carried and delivered a baby that she was now handing over to them as parents, and recognised the potential impact of this detachment:

I was very emotional when we left and I was very moved that she was standing there without this child now waving goodbye; she wasn't [emotional], I was. (Case11 Isaac)

A few participants appeared to rationalise this situation by again emphasising their surrogates' ability to differentiate between their own pregnancies, and a pregnancy they were carrying for a commissioning couple.

She was single, and after my surrogacy she met someone, got married and had a little boy from him, and after that she did another surrogacy for another couple.
(Case8 Kieran)

One of the interviewed surrogates also confirmed this distinction between a woman's own pregnancy and a surrogate pregnancy:

I don't really feel a lot for her, she's a baby and I like babies but I feel no more for her than I would for my sister's baby... It's not the same thing; I'm quite happy to hold [surrogate baby] and feed her and look after her but the thought of having another baby just makes me feel crazy. (Case12 - Surrogate)

7.3.4 Perceptions of On-going Relationships

The accounts from a surrogacy agency representative and a lawyer suggest that intended parents embarking on their first surrogacy attempt, prioritise finding a woman to carry their child, with little consideration given to an on-going relationship. This may result from a lack of understanding of the level of collaboration needed from all parties to be successful, or through a fear of such involvement jeopardising their parental status and desired family autonomy:

A lot of people come into surrogacy with the idea that its best it's an anonymous donor and there's minimum contact with the surrogate straight after the baby is born... and the only long term thoughts they've got is, is the egg donor or the surrogate going to turn up and claim the child as their own...But what you have to think about is the questions that your child will have.
(KI 2 - US Surrogacy Agency Representative)

It's a collaborative reproduction process rather than just accessing a resource... I think it's just a lack of having thought about it all, and once they do think about it, then they kind of get it... it can be quite easy to just see that as a resource they need to buy in rather than actually somebody doing something amazing here.

(KI 1 – Legal Representative)

However, the accounts from both the men and the surrogates suggest that the intense and intimate nature of the surrogacy experience created bonds between them, fostering a sense of trust and confidence that not only would the women relinquish the babies, but also that on-going relationships may be possible without jeopardising the men's imagined family structure:

A lot of deep intense stuff happened and it will never change, nothing will ever change that. (Case13 Owen)

Surrogate mothers don't generally want to help a couple have a baby never to see them again, because they have gone through so much together.

(KI 3 - UK surrogacy organisation (A) representative and previous surrogate)

After the birth, the majority of the participants had stayed in touch with their surrogates, unless, as discussed in section 6.2.1, participants had opted for a commercial surrogacy arrangement where an on-going relationship was not an expectation of the arrangement. Kieran, who sought surrogacy in the US, still maintained occasional contact but reiterated the professional role of surrogates overseas:

It's evolved the way I planned it actually because it's been nice to be in touch now and then but she's done other surrogacies, it's her profession, she's very content with her own family and her own children, and we've left it like that, occasional contact. (Case8 Kieran)

Regular contact was logistically more feasible for those participants who undertook their surrogacy arrangement in the UK. Some men described their on-going relationships with

their surrogates as often being closer than either party had originally imagined, with them meeting up more often than they initially anticipated or agreed to, due to a strong relationship developing over time:

I think at the beginning we probably wanted less contact with the surrogate post birth than we've ended up doing. However, I think that's related to the surrogate who genuinely is amazing and we're such good friends now. (Case3 Noah)

Charlie rationalised their surrogate's desire for on-going contact as a way of her "checking" that the nurturing role she initiated was still being met and the baby was being well looked after:

We knew it would be on-going; we knew that she would be a part of his life. In fact, just before she gave birth, she booked her flight to England to come over...I think for her it was important to know that when she said goodbye to us, that in a few months' time she'd be coming to visit him. I suppose she was inquisitive; we'd seen her house, met her family, to come and see where he was going to be living was important to her. (Case1 Charlie – US surrogacy)

This sense of moral responsibility and reassurance about the child's well-being adds a new dimension to the current surrogacy debates. As previously discussed in section 6.7, many surrogates remained in contact with the family, with the surrogate referred to as an "aunt". As highlighted in Chapter Five, it may be that this extended family member role not only met the needs of the intended parents, who wanted sole parenting responsibility without others' interference, but also facilitated the contact that many surrogates desired. This suggests that surrogacy can be a rewarding experience for both parties, albeit in different ways. The following accounts from two surrogates suggest that surrogates valued maintaining the friendship bond that had developed over time as much as any contact with the child itself:

You bond with the parents, not the child. You form a friendship so strong that you're just happy for your friends to be having these moments; these scans; these kicks. I have no feeling of possessiveness, of she's [surrogate baby] mine, but I want her to know me. (KI 12 - Surrogate)

You don't feel like you are giving a baby away or you are losing a baby, you are gaining a friendship, and it's nice to see how the child is growing up...but it's not like you feel you need to see the child, it's the whole family unit together.

(KI 3 - UK surrogacy organisation (A) representative and previous surrogate)

Most of the men appeared to be open to this involvement and described how they set out their desired relationship with the surrogate and left it to her to decide if this was something she also wanted:

We said we'd prefer that the children know who you are, and we kind of left it reasonably loose...and just said we'd like them to be able to see you a few times a year, age appropriately...we will discuss who you are and what that was, and when I say who you are, that's not their mother, they have got two parents and that's us, but..., so at the moment, our youngest is a little young, he doesn't particularly get it, [daughter] knows she was in [surrogates] tummy. (Case5 Oliver)

One of the UK surrogacy organisations suggested that another advantage of the intended parents maintaining an on-going relationship with their surrogate was to facilitate an opportunity for a sibling pregnancy:

The fact that they might want a sibling in the future, word of mouth goes very far, and if a surrogate is saying oh they just dumped me after they had the baby, that doesn't go down too well with another surrogate. If they said oh I am not having another one for them or I am moving on to another couple, but they were a fantastic couple we are still in touch, you know that's also pretty good.

(KI 4 - UK surrogacy organisation (B) representative and previous surrogate)

This may hold true as six of the cases were considering, or in the process of planning another surrogacy pregnancy with the same woman. Equally, some men reported that it was their surrogate initiating the conversation about a sibling pregnancy, with her offer to help them have another child before returning to the surrogacy organisation to find another commissioning couple. This would suggest that some surrogates prefer to work with couples they have already connected with, and help to build that family rather than create another one.

7.4 Encounters between Men and Fertility Clinic Staff

All participants choosing gestational surrogacy (nine cases) needed to access the services of a fertility clinic to undergo the IVF process, hence fertility staff were key people involved in these men's journeys. However, Chapter Six reported the difficulties some participants had experienced in finding a UK fertility clinic willing to facilitate their request for surrogacy. This section of the chapter will include some of the findings from the interviews with the men, the fertility clinic staff, and UK surrogacy organisation representatives to explore what some men perceived to be a series of unnecessary barriers and hurdles employed to mask the staffs' reluctance to be involved in their arrangements:

The Nurse was horrible and went absolutely no way would we deal with same-sex couples. Surrogacy is very complicated anyway and it's even more complicated if you're thinking of something like that. They've now changed their policy, obviously because they've realised there's a market for it now. (Case12 Nathan)

Finding a clinic that would help us was almost impossible...we went to a clinic in [location] to do egg donor surrogacy but because we were two men they wouldn't help us. We said you can't really say no; yes we can because it's a judgement call. So then they made us go to implications counselling with this woman...She couldn't hide the hatred whenever she spoke to us, and she was the person who was supposed to be assessing us and recommending whether we could be helped by the clinic or not. ...they just kept putting barriers up and we kept meeting their criteria and then they would just put a new barrier up. (Case5 Oliver)

The participants who accessed surrogacy in the US generally reported a more straightforward journey, perhaps because surrogacy for gay couples has been longer established in certain states, so many of the challenges had already been addressed along the way. Some of the UK fertility clinics, although accepting of gay men accessing surrogacy, did not have policies or procedures to address the needs of different types of couples. Several men and a fertility clinic manager reported that the clinic documentation forms asked for details of the female partner and male partner, rather than 'patient 1' and 'patient 2', highlighting an assumption that couples accessing ART were heterosexual:

The fertility world is very orientated to him and her, and partly because it was just easy to identify which one was the patient and which one was their husband basically. (Case14 Elliott)

Our database still doesn't recognise two men. There has to be a Mr and a Mrs to go forward. So we had to create new labels that would have a Mr and a Mr, and different consent forms that didn't have female partner / partner, it had to be partner / partner. (KI 14 Fertility Clinic Manager)

Men seemed conscious of the ways they were different to many of the heterosexual couples they encountered in fertility clinics, as Owen's account demonstrates:

You're in waiting rooms and you've got mixed sex couples coming in and...it's funny, we realised how you almost felt now you're in a parallel universe in one place. We just don't have..., you'd see the pain on all these women's faces mainly women....it makes me quite emotional because it's so sad. (Case13 Owen)

The following accounts from a fertility clinic manager and a fertility nurse acknowledge the ways in which fertility practices need to be adapted to meet the differing needs of same-sex commissioning couples, and how these changes had been implemented over time as the team became more experienced in managing surrogacy programmes for gay men:

(Clinic Manager) We were very fixated on having everything in place before we saw the first patient so we all had a clear knowledge and pathway. There was still a big learning curve that first year...every person that came in we would learn something new and something different.

(Nurse) For the doctors seeing patients for consultation is completely different to taking a gynaecological history; suddenly you have got two men sitting in front of you. We were trying to get everything perfect so you don't cause any offence.

(KI 14 Fertility Clinic Manager and KI 15 Fertility Nurse)

Some UK fertility clinics designated individual members of staff to oversee and co-ordinate specific treatment programmes; surrogacy tended to fall within the remit of the 'egg donor co-ordinators'. Although this plan for managing fertility programmes might be a useful way of patients liaising with staff with more experienced of these specific programmes, the following account from a surrogate highlighted the difficulties she experienced in accessing what in practice were a limited number of staff. This example also demonstrates a lack of recognition of surrogacy's unique requirements in that the person needing the clinic appointment was a surrogate, not an egg donor or an intended parent that clinics are used to dealing with:

Some clinics have an egg donation co-ordinator that deals with surrogacy but she's mainly dealing with egg donations...And I had trouble, they wouldn't book my scans. I'd be ringing up for days at a time, because you have to ring them when you've got your period, and I'd be thinking well I've got to go into London, I've got to arrange childcare, do they want to see me Monday or Tuesday, and I would ring and they would say oh, only so and so can book it [scan].

(KI 3 - UK surrogacy organisation (A) representative and previous surrogate)

Several men also reported a lack of knowledge of surrogacy amongst fertility clinic staff. This was demonstrated when both men were asked to undertake blood screening tests, despite only one partner from the gay couple providing sperm to fertilise the donor eggs. The changes to the HFEA forms relating to parental responsibility, as explained in Chapter One, were also problematic in some cases, and issues had arisen when these forms had

not been fully completed prior to the treatment programme commencing. A few men reported having to make last minute dashes to the clinic to sign the forms, as the staff had followed their usual practice of capturing any missed signatures on the consent form at the time of the embryo transfer. However, participants reported that they were not always invited to attend the fertility clinic for the embryo transfer procedure. This was dependant on the wishes of the surrogate, who might prefer her own partner to be with her; or only one of the intended parents may be attending the appointment and this might not be the man who needed to sign the legal parenthood consent form.

Interview data from UK surrogacy organisation representatives demonstrated that they had also received similar feedback from their members, expressing concerns relating to UK fertility clinics' insufficient knowledge of surrogacy and the UK legal position. Some clinics had apparently refused to help intended parents without seeing a surrogacy contract, despite UK law specifying that it is illegal for a third party, including solicitors, to draft a surrogacy contract for payment, and such contracts remain unenforceable:

A lot of IVF clinics insist on an agreement [surrogacy contract], it's in their literature...and I remember, when I said we do one¹⁴ at [UK surrogacy organisation], and he [consultant] just smiled and said yes dear, but we want one from a solicitor because they know a bit more than [UK surrogacy organisation], but they can't...some clinics don't understand surrogacy. We had one couple who were told that the surrogate had to keep the baby for 6 weeks.

(KI 3 - UK surrogacy organisation (A) representative and previous surrogate)

Previous research has reported the value patients place on fertility clinic staff demonstrating an emotional awareness of "what they are going through" (Allan, 2002: p88). However, staffs' emotional awareness was absent in many of the participants' accounts. A lack of understanding of the complexities of surrogacy arrangements for gay men resulted in what was perceived as fertility clinics' "blasé" approach in deciding upon

¹⁴ Whilst surrogacy contracts are unenforceable, UK surrogacy organisations facilitate a formal surrogacy agreement session to document the decisions the surrogate and intended parents have agreed upon in relation to specific aspects of their surrogacy arrangement.

the number of embryos to thaw for a planned frozen embryo transfer. Elliott's account describes how some embryologists seemed unaware of the complexity and timeframe it had taken the men to create and store these embryos, and the difficulties these couples could potentially have in sourcing future egg donors and surrogates once they exhausted their embryo supply. Elliott reported feeling a lack of control over the rate these embryos were being thawed at and wanted more involvement in these decisions:

They [embryologists] said something that worried me, "Its fine we'll just keep thawing them until we get a good one". What do you mean? No! You call me! Again there's a bit of control. (Case14 Elliott)

Participants also raised concerns that fertility teams followed routine IVF clinical practices for all patients, without due consideration of the different challenges and requirements involved with surrogacy cases. There was also a sense of fertility staff ignoring decisions men had discussed during their consultations appointments. Noah described the physical traits he and his partner had chosen for an egg donor but were then offered a donor with completely different characteristics:

We said we wanted blonde hair or dark hair, blue eyes or kind of grey blue eyes...I get the phone call and they said we've got a donor for you...she's 5 foot 6, this blood type, she's got auburn hair and green eyes...and we went, blonde, dark, not difficult, so you give us the only other option, auburn. Blue or grey, you could have had brown I suppose but you give us green, are you off your head? (Case3 Noah)

This perceived lack of individualised care caused frustration for some participants who felt they were heavily investing financially to secure the best chances of conception, but this investment did not equate to the level of involvement in decision-making they desired:

That's one of the things that certainly a lot of the gay couples that we speak to really struggle with, the fact that they're spending thousands and thousands of pounds and the customer service element of it isn't really there. (Case14 Flynn)

This feeling of frustration at the lack of control and input into their treatment programme was also expressed by the couple who sourced their surrogacy arrangement in India. Dean and Harry reported being concerned that they were persistently asked to store further sperm samples and thought these samples might be being used for other patients. They were also asked to undergo repeat screening tests, thus incurring additional costs for investigations that they were not convinced were needed. This couple were conscious of the media reported corruption issues in India, and were aware that fertility clinic staff perceived them as rich westerners. Whilst this couple reported feeling vulnerable and open to exploitation from fertility staff, they did not always feel they had any level of power or control over the situation, as challenging these clinic requests could jeopardise their surrogacy attempt:

I had worried about the surrogates being vulnerable, and I am in no doubt some of them are, but I actually realised that we were because of possibly being perceived as rich westerners; that we could be a target. They just produce an invoice and say pay this and we were like what's this for, we paid something yesterday, we thought that included this. And there would always be a reason and in the end you couldn't challenge it; you didn't want to piss these people off because they are the people who are in control of your fertility so you grin and bear it.

(Case7 Dean – Surrogacy in India)

Although these examples clearly demonstrate the challenges several men faced whilst engaging with fertility clinics, some participants' experiences suggest that these problems may arise because of the complexity of surrogacy arrangements *per se*:

I think the vast majority [challenges] come from the surrogacy process. I was anticipating a lot more of a sharp intake of breath type reaction from people when they heard we were having a baby, and certainly when I was introducing us to people as a gay couple, which just hasn't been forthcoming. (Case1 Charlie)

The findings suggest that some fertility clinics are embracing same-sex couples' use of ART and seeking to make the necessary changes to ensure their policies and procedures are

contemporary and inclusive. However, some participants' accounts suggest that men felt vulnerable and/or excluded from some of the decision-making related to their own treatment cycle, both in India and the UK. In particular, participants accessing gestational surrogacy within the UK perceived staffs' unfamiliarity with surrogacy programmes and insufficient knowledge of the UK legal position as the reasons for many of the challenges men faced within these settings.

7.5 Encounters within Maternity Services

One of the main aspects of the surrogacy journey which participants found challenging related to UK maternity services. These concerns appear to be associated with staffs' unfamiliarity with surrogacy arrangements; a reoccurring theme reported in this chapter. In the same way that in section 7.4, surrogates reported difficulties booking scans with fertility clinic staff because they were used to only working with egg donors, or women trying to become pregnant themselves, maternity staffs were reported as being less experienced in dealing with people involved in a surrogacy arrangement than with women carrying their 'own' child. Findings from the interviews with men and the UK surrogacy organisations highlight the absence of up-to-date surrogacy policies in some maternity settings. In addition, several participants reported maternity staff's lack of knowledge and understanding of the UK legal position on surrogacy as the major cause for many of the problems encountered:

They'd got a surrogacy policy that was woefully out of date; referred to mothers but there was no concept of gay dads can have a surrogate baby and it didn't actually tackle any of the prickly points at all. It did say that they would kind of...make best efforts...do all they could basically to accommodate the intended mother on the maternity ward with the baby but they didn't quite know what to do with us. (Case14 Flynn)

They [Royal College of Midwives] keep telling us they will update their document one day but they haven't as yet and there can be issues if they're [midwives] not recognising the intended parents of the baby.

(KI 3 - UK surrogacy organisation (A) representative and previous surrogate)

Some men reported that midwives followed their routine patterns of women-centred care, but these procedures did not seem to “fit” with the needs of intended surrogacy parents. Some midwives initially followed their standardised questioning at the first antenatal consultation appointment without recognising that some of these questions were not relevant to a surrogacy arrangement or appropriate for the person they were asking. In addition, there was a clear lack of understanding of the difference between traditional and gestational surrogacy, since the midwives assumed that the surrogate was genetically related to the child, she was carrying:

It was funny, at the first midwife meeting which I attended with [surrogate], the midwife, she was clearly not familiar when she asked about family history; half way through we all realised hang on, your family history is not relevant here, we need [egg donor's] family history. (Case11 Isaac – Gestational Surrogacy)

The standardised procedures did not seem to allow any flexibility in terms of recognising the differing needs of the pregnant surrogate and those of the intended parents. Many participants reported that maternity staff appeared reluctant to revise these procedures or be flexible in their approach to their specific case, which caused problems at several stages of the antenatal and postnatal journey. One of the most common problems reported during the antenatal period was that staff would only allow two people in the scan room at one time; this would usually be the pregnant woman and her partner. However, in surrogacy cases there may be four people attending the scan: the surrogate, her partner, and the intended parents. Some men reported that these arrangements appeared to confuse the sonographers who seemed unable to understand the different requirements in these cases and the relationship between the parties:

The radiographer said there's only two allowed in the room. [Surrogate] said but this is our surrogacy arrangement, I'm just the surrogate, it's their baby...and she [sonographer] said there's only two allowed in the room. So [surrogate] said ok, that's fine, I'll wait out here, you two can go in, and [surrogate] went to sit down, and the radiographer said but you need to come in. She said if I'm coming in, they're coming in. That's how [surrogate] is, she's a formidable force, thank goodness. (Case3 Noah)

[Sonographer asked] oh so are you all going to live together with the baby, and we were like no; it's not a hippy commune. [Sonographer asked] so they [surrogate and her partner] are having the baby, so it's their baby and you are having it? No, it's half of ours and half of theirs. (Case2 Robert – Traditional Surrogacy)

Similarly, at the time of delivery there were restrictions on the number of people allowed in the delivery room, or the theatre, if a caesarean section was required. Whilst the men acknowledged how important it was for the surrogate to have her partner or a friend supporting her during the delivery, this institutional restriction meant the men had to compromise their desire to be at the birth of their child, unless maternity staff were willing to consider this request on a case-by-case basis:

(Vincent) We tried to negotiate but they would only let one person in and because [surrogate] was so scared, she was physically shaking, she wanted her husband with her...oh we were gutted.

(Nathan) I can understand for a clinical risk and infection, but they could have probably allowed one of us in there. Then it was like well which one goes in?

(Case12 Vincent & Nathan)

Whilst maternity services' focus on woman-centred care seemed to limit gay men's involvement in pregnancy-related events, some surrogates used this concept as leverage to challenge staffs' decisions and advocate for the men. Several of the participants recalled ways in which their surrogate, because of her previous surrogacy experiences, confidently challenged decisions to ensure the men's wishes were fulfilled. Equally, as the maternity

service representative's account below highlights, some staff are more willing to modify their working practices than others:

The Midwife didn't actually get a chance to read the birth plan so there were a few issues... and [surrogate] was really good and pointed out 'Elliott's catching the baby, make sure you catch the baby Elliott', in the throes of labour, which was really good. (Case14 Elliott)

Some hospitals are a bit snooty about asking to get parental consent from the surrogate rather than from the intended parents...because he had to have wrist bands that had [surrogate's] name on, [surrogate], having been experienced, asked them to write out separate name card and bands which we didn't obviously put on him at the time, but we've got. We've got our set which was nice so it's little things like that. (Case12 Nathan)

If she [surrogate] was going to have a caesarean section both of the dads wanted to be there. Now that's something that doesn't happen in many hospitals, and actually I had staff who objected to that because they felt the theatre is the place for an operation...but actually we got over that and we managed.

(KI 13 - Maternity Services Representative)

Some participants had proactively taken steps to try to avoid these anticipated problems by arranging an initial meeting with senior midwifery staff in the early stages of the pregnancy, to explain their situation. The UK surrogacy organisations recommend such a meeting and endorse their members being open about their arrangements to facilitate a smooth antenatal and postnatal journey:

If it's not open about surrogacy then they [healthcare professionals] will suspect something untoward is going on. So we do tell members to tell the authorities about the surrogacy arrangement. Some doctors are quite horrified by it; they think that a woman is putting herself at risk for the sake of someone else who should accept they shouldn't have children. Some health professionals are really supportive of it and think it's an amazing thing.

(KI 4 - UK surrogacy organisation (B) representative and previous surrogate)

This need to plan ahead proved to be a successful initiative for some participants, however for others, the lack of continuity of midwifery care meant intended parents and surrogates had to reiterate their circumstances every time they attended the maternity unit despite their case notes documenting the previously agreed care-plan:

Planning and thinking about everything and taking the opportunity, where normally you wouldn't... You wouldn't normally go and see the manager of the maternity ward but in this set of circumstances, it just seemed like the right thing to do and was certainly well worth it. (Case3 Luke)

All three of us went to every single thing...but you end up having to explain it every single time you go in because you see a completely different person every time. Quite literally, I don't think we saw anyone twice. (Case5 Oliver)

Midwives' reactions to the announcement that this was a surrogacy pregnancy differed immensely; some staff acknowledged their lack of knowledge but were willing to seek advice to ensure appropriate care, whilst others would not adapt their usual practices. The maternity services representative's account below offers some explanation of staffs' reluctance to revise their working procedures:

It's about educating the staff that it's not what they want, it's about what the whole family need...But almost when myself or a matron has written in the notes to say its fine for this to happen they feel that they have got permission; they don't need our permission but that's just how staff feel sometimes, because the NHS is hierarchical and it's very hard for them to move away from that concept.

(KI 13 - Maternity Services Representative)

One of the issues the men wanted to clarify at the initial meeting with midwifery staff was the room arrangements for when the surrogate went into labour. The men requested a private room for the surrogate, so that she would not have to share a room with other women and their babies. Men additionally requested a room close by, if possible, for them and the baby. Some men reported their request being refused because hospital policy stated that the baby should be with the “mother”, with no recognition of the impact this might have on either the surrogate or the intended parents:

You have to negotiate a room because you are not patients, and it's really bizarre how difficult they find that concept. And we were like, where are we going to go?...and they kept on going well I am sure you will be allowed to visit with [surrogate]...and [surrogate] was also going I need to not have her [baby] with me. They [intended parents] are not imposing this on me, it's their daughter and it's important for me that I don't have her. (Case5 Oliver)

One of the reasons given by midwives for not granting such room requests was the lack of “appropriate” space for accommodating the intended parents. This was because they had not delivered the child, and as such did not “fit” the usual “patient” journey in the delivery suite:

She [midwife] was thinking out loud and going, if you're in a separate room, if there's something that's going on and I need to be looking after the baby and [the surrogate] and it's complicated, I don't know how I'm going to do this in two rooms. I'm sure it was just purely logistical, like if you're geographically in two different places, I don't know how I can do that. (Case3 Luke)

This “placing” issue resulted in some other participants being located in a room usually reserved for distressed parents, rather than prospective parents:

They put us into this side room which was the room where people go when there has been like a dead child; it felt kind of weird being in there. (Case9 Ethan)

We’d been moved; we actually ended up in the bereavement room, as we left the room we discovered that. (Case14 Elliott)

Male participants and one of the UK surrogacy organisations expressed concerns about the negative impact this reported regimented and inflexible approach to care may have on the surrogate’s well-being:

[Surrogate] had done some research into the fact that lots of people who have caesareans actually have trouble bonding with their children because they haven’t had all of the hormones. So it was a request...we had to fight for that [caesarean] and they [midwives] really weren’t going with it at all. It’s quite important that in this context [surrogate] gets to do what she wants to do, and how she needs to do it. (Case5 Oliver)

What we need is hospitals to get more understanding. Most [surrogacy parties] have really good experiences but we have a few that don’t...and some hospitals are trying to make the surrogate keep the baby, that’s ridiculous, trying to make her bond with the baby could cause her emotional, untold emotional damage.

(KI 3 - UK surrogacy organisation (A) representative and previous surrogate)

Some maternity units have proactively responded to their increased caseload of surrogacy pregnancies, leading to some participants, like Frank, reporting a positive maternity experience:

They put [surrogate] in one room, they put us in another room with two separate beds, [son] stayed in our room, we slept overnight in a private room in the hospital. They gave us our own shower and toilet, which was just amazing. (Case11 Frank)

We have done a lot of work over the last few years around surrogates...we have got four family rooms here in maternity so the donor and the recipient families can have rooms next to each other...So we try to have an individual package of care for those individuals. (KI 13 - Maternity Services Representative)

The findings suggest that most maternity service staff were trying to “do the right thing”, but some staff did not fully understand the UK legal position on surrogacy and therefore had difficulties comprehending issues of parental responsibility and consent, as these accounts from Vincent and one of the UK surrogacy organisations describe:

I think they [midwifery staff] probably didn't quite know what to do and then definitely the Sister was anxious to make sure that they said and did the right thing which is really sweet. Because you know when people are a bit worried, they don't want to say the wrong thing or something, which was nice. (Case12 Vincent)

Most [midwifery staff] treat surrogacy with great sensitivity but some are blinkered and say this is the law; you're not the parent, even if it's their genetic child fully. How awful is that for the intended parents to not be recognised and made to feel like a second-class citizen?

(KI 3 - UK surrogacy organisation (A) representative and previous surrogate)

One participant recalled his distress when the midwife would not tell him what was happening with his sick baby, or allow him and his partner to visit the special care baby unit. Oliver recalls how the midwife would only speak to the surrogate's sister, even though she had no parental involvement:

All the alarms went off and [surrogate] was in there and we didn't get any information for ages...45 minutes later our midwife, who should have been keeping us informed came out and turned her back to us and told [surrogate's] sister that he had been born and there were problems and he was in intensive care and they were working on him. [Surrogate's] sister was great; she just said they are his parents you might want to tell them. And it nearly made her [midwife] choke to have to speak to us; she was really awful...and of course you are feeling sick; your child is in ICU...It's difficult to get treated with that little respect when your child is in trouble...and they didn't want us to go through and see him. (Case5 Oliver)

In these situations, many participants relied on their surrogate to instruct the midwife on the men's parental rights. There appeared to be an assumption among some midwives that the woman would automatically be caring for the baby after delivery. These accounts suggest there was little recognition of the transfer of responsibility to the intended parents, or more surprisingly that the surrogate would negate this caring responsibility. In some cases, the surrogate had needed to threaten to leave the unit and refuse to care for the child, before the situation was reassessed, as these accounts from both parties demonstrate:

They're [surrogates] accused of abandoning the baby, but it's not our baby. So obviously, if the baby's in special care and we're ok to go [home,] we should be able to go, it's not our baby...and equally the parents should be allowed to stay with the baby but sometimes they're saying well no only the mother can stay with the baby and we're saying well we're not the mother, so how does that work? (KI 12 - Surrogate)

[Surrogate said] I wouldn't care for the baby, I wouldn't touch it...and of course that shocked the Consultant Midwife. It's almost like, how can't you because it's kind of your child. And she's [surrogate] like it's not my child, I've got no feelings, I don't love him...And it's quite shocking for people because they assume that she loves it [baby]. (Case12 Nathan)

These assumptions resulted in some midwives questioning if the women were being exploited, and mistakenly believing that by encouraging the women to breast-feed, would help them with, and support them to keep “their” baby:

They [midwives] had refused to give her the things to stop her breast milk expressing, though she's asked loads. I think in their heads they kept thinking she would change her mind...they kept coming up and asking her was she happy with it [surrogacy]? Did she want to change her mind? Had she been coerced into it? You can see why they needed to do it, but she was like they [midwives] are doing my head in; its actually really upsetting me, I really need them to leave me alone...and she kept saying to them, please, it's just making it worse for me. (Case5 Oliver)

This encouragement of surrogate-baby bonding further reinforced the views of most men and the UK surrogacy organisations that maternity staff did not understand the UK surrogacy laws, or the fact that in gestational surrogacy the child is not genetically related to the surrogate. These concerns were further emphasised with several participants reporting that midwifery staff routinely referred their surrogacy case to the hospital's safeguarding team believing this was a mandatory reporting incident. The UK surrogacy organisations reported that some of these ill-informed referrals had resulted in police investigating these cases and accusing surrogates of abandoning, or worse still, selling their baby, or accusing intended parents of exploitation and buying a baby:

Some [midwives] think they have to inform Social Services. Some maternity hospitals think it's a requirement, so they do and we've had at the birth a social worker turning up and that's really scary for people, and saying we need to investigate this. It's not private fostering so they [intended parents] don't need to be checked out beforehand because they'll be going through the Parental Order process. Social Services do not and should not be informed...but sometimes hospitals said no...this is the way we're doing it.

(KI 3 - UK surrogacy organisation (A) representative and previous surrogate)

Even midwives who had not referred these cases to the safeguarding teams were reported to have raised concerns about the intended parents leaving the hospital with the baby, as that was not standard hospital policy. These midwives did not want to be seen to be supporting this situation for fear of being accused of aiding and abetting ‘a crime’. However, these staff were happy for the surrogate to “handover” the baby in the hospital car-park but not on the premises; thereby absolving them of any responsibility:

The biggest thing that annoys me is the word “handover”, as long as you don’t “handover” the baby here..., it’s like it’s a commodity like you’re exploiting [the surrogate] and grabbing a baby that’s not connected to you...you can handover as long as it’s not on our premises. It’s all that sort of thing when people quote health and safety law because they just don’t know what else to say, they want to hide, that’s what they do. (Case12 Nathan)

We couldn’t get out of the hospital because they had no system for checking out two men with a baby, or the dad with the baby actually. There is no system for checking out the baby without mum. (Case5 Oliver)

In contrast, more experienced midwifery teams had actively sought clarification on the UK legal position ahead of any surrogacy deliveries to prevent any misinterpretations or misunderstandings:

When we had the very first surrogates come through we met with legal...because people were worried that a couple would just come in and take this baby home. So once all of those arrangements were in place and we knew what the legal stance was; it wasn’t such an issue. (KI 13 - Maternity Services Representative)

Although these accounts clearly demonstrate a lack of familiarity and knowledge of surrogacy amongst many healthcare professionals, staffs’ personal views of surrogacy were acknowledged as a key indicator of their reactions towards both the men and surrogates:

The sonographer was like [to the surrogate] oh you know you're putting your body through a lot doing this. So I didn't say anything but I wanted to and [surrogate] wasn't very pleased... And then at other times when I think they [sonographer] might have gay children and they were like oh I find it quite inspirational.
(Case12 Nathan)

They [same-sex male intended parents and their surrogate] were treated exactly the same as any family would have been.....and actually they felt that there was no prejudice, and nobody was judging them, which was really good for me to hear because I am sure there will be individuals who will have their own thoughts and feelings about it. (KI 13 - Maternity Services Representative)

There were a couple of nurses in [surrogate's] ward who weren't happy and clearly didn't like us, and the idea, and kept saying 'we can't be having strange men walking round here' and we were like tough! (Case5 Oliver)

Although staffs' negative perceptions of surrogacy is a difficult issue to overcome, the maternity services representative's account highlights the importance of an individualised care package to address many of the challenges the men reported:

So for any women or any family there should be personalised maternity care and that's part of the NHS mandate and the five year forward plan...and it's just about thinking that little bit deeper about how to do it....and if everybody had one [individual plan] we wouldn't be worried about what gender they were, whether or not they were surrogates, whether or not they were adopting.
(KI 13 - Maternity Services Representative)

7.6 Navigating the UK Legal System

Despite an awareness of the complex legal issues involved with a surrogacy arrangement, not all men sought professional legal advice; and some did not consider access to legal professional input as a key need. All the men who opted for cross-border surrogacy had

legal assistance, but this was included as part of their surrogacy agency or fertility clinic package, rather than being independently sought:

...gone through a surrogacy agency based out of [US state] and it's kind of a full service agency. It can help you with the IVF, the legal side and the most important thing finding you a surrogate and doing all the legal stuff. (Case13 Owen)

The additional expense associated with employing lawyers for UK surrogacy may have influenced men's decision to access professional legal support. However, some men's accounts demonstrate that they were resourceful at accessing informal legal advice. This was via websites, attendance at legal seminars at parenting conferences, such as the "Alternative Parenting Show"¹⁵, and advice from other people who had undertaken surrogacy themselves. Kyle's account demonstrates that deciding upon the geographical location of his surrogacy arrangement would be a factor influencing whether he sought professional legal input:

*Stuff about Parental Orders I have read up about that and how it works legally.
(WN) Are there any issues you might see a lawyer about?
If we were going overseas, get my own lawyer and that would add on to their fee
by using a UK based lawyer, there are specific lawyers out there. (Case4 Harvey)*

This distinction between the perceived legalities associated with UK surrogacy cases and those involved in cross-border arrangements was supported by this legal representative's account:

¹⁵ An annual fertility event showcasing alternative routes to creating a family for same-sex and heterosexual couples and single men and women seeking parenthood.

Usually with the domestic application [Parental Order] the parents deal with it themselves pretty self-sufficiently, unless there are any particular complications which is unusual, but it should be a magistrate's court application, quite straight forward. So we often prep people for what they need to do and provide them with the paperwork but then they go off and run it themselves unless they have problems. (KI 1 – Legal Representative)

Many participants reported that had become “legal experts” during their surrogacy journey, navigating the complexities presented to them. Some participants were amongst the first UK resident same-sex male couples to embark upon surrogacy. Hence, the paucity of role models to guide men through the surrogacy process meant this pioneering “learning process” had been a necessity:

People don't know about the options in the UK...because surrogacy agencies don't want to sing and dance about it [surrogacy being viable for same-sex male couples], they were concerned the mythical flood gates would open and suddenly they would be over-run by the gays (laughs)! (Case5 Oliver)

I did the homework I thought I needed to do right at the start; the unfortunate thing for me was there was no support out there at the time. (Case9 Ethan)

The following participants' accounts illustrate how some men also needed to educate others, such as court officials, who were even less familiar with the current legal situation, and the specific requirements and processes involved, than the men themselves:

Getting the parental order was more difficult because I don't know if we were the first male couple to get one or not...because they didn't have the forms and they kept trying to give us step parent forms...we had to tell them what we needed...and we were like the law has just changed. (Case5 Oliver)

(Vincent) We didn't use a Solicitor or anything. We literally from the government website you can download a form, fill it in, take it to the court with birth certificates and surrogate certificates.

(Nathan) You've got to research what you're doing though; it's not easy...bit like with IVF and all the rest of it, if you research it first. So things like we physically went down to [location] Court and they went oh haven't seen one of these before. I've never done one of these before. So then you're talking them through what they need to do...and then they appointed a CAFCASS Officer ...she'd never done it before. (Case12 Vincent & Nathan)

However, the following accounts clearly highlight how men's concerns about their lack of legal protection within the UK, and their vulnerability until a Parental Order was granted, meant some men were more likely to seek professional legal advice to assist them in gaining legal parentage. This view was shared by a UK lawyer and a US surrogacy organisation representative:

It's very much everything's on the surrogate and actually we have no legal rights whatsoever and that was a massive, massive concern for us because until they hand that baby over and we get a parental order, we have no legal rights whatsoever. (Case3 Luke)

In the States it's like the gold star option, because for most of the States where gay dads would go, the law is set up for them, so they sign a binding surrogacy contract, they will both be on the birth certificate, they are completely protected there. (KI 1 – Legal Representative)

Whereas in the UK...you can be genetically not linked to the child in the slightest, but because you pushed it out you have full rights to it. The law needs to catch up with science. (KI 2 - US surrogacy agency representative)

Whilst participants who pursued surrogacy overseas had been able to establish their parental rights within those countries, they still needed to meet the UK legal requirements

when they arrived back in the UK. In these cases, men needed to be knowledgeable and resourceful to ensure they had all the necessary paperwork to cross borders and gain the child's entry into the UK:

(Owen) We had it all with us along with a letter from the [US] Embassy saying your passports have been approved and are on their way.

(Nick) All of it, so if they had any kind of queries, we could've answered anything.

(Case13 Nick & Owen)

We'd done a bit of research and we decided there were two ways to get the baby back... you could apply straight for a British passport, but we understood at the time that was a longer process...you could shave off a couple of weeks by applying first for a certificate of British nationality and could then apply for a British passport which is meant to make it quicker. So, we decided on doing this route and our first goal was the certificate of British nationality.

(Case7 Dean – Surrogacy in India)

Although men were resourceful in seeking the information they needed, they were learning "on the job". A consequence of this was the need to "trust" the reliability of the information being given, since there was no way of them knowing what the truth was or how genuine the people offering the advice were:

It was about trusting the individual at the end of the day and being sure that your judgement in the short period of time you had to get to know them was right and that you weren't going to end up high and dry at the end of it. That was my biggest worry. (Case3 Luke)

Some men also reported having concerns about the trustworthiness of the surrogacy agencies and whether they fulfilled their side of the arrangement. For example, no actual evidence was provided to confirm that surrogates and egg donors had been appropriately vetted and screened by the fertility clinics or surrogacy organisations. Similarly, there was no evidence that overseas clinics had paid the surrogates the financial amount stated.

Uncertainty regarding particular surrogacy service practices added to some men's anxieties about having to navigate their own way through uncharted territory and being 'blindly' led with limited alternatives:

The guarantees that they [surrogacy agency] gave in the first place was they would do background checks, they [surrogates] would go through a series of counselling sessions; they would do criminal records checks. None of that was done whatsoever. (Case9 Ethan)

The clinic provided us with a booklet of receipts where she had thumb printed to say she had received the money...you still don't know how genuine these things are but I kind of believe that she'd had all the payments.

(Case7 Dean – Surrogacy in India)

This account from a legal representative substantiated men's concerns about the different quality of surrogacy provision available and the difficulty intended parents faced in sourcing a professional and credible service:

[Intended parents] want to speak to someone who knows their stuff in the UK and has got real experience, and they don't know where to start and they can look at websites and see people who seem credible but they don't have anything to judge them on. So I will only recommend agencies and lawyers where we have had clients who have already gone through the process, from start to finish and been happy, so they are kind of tried and tested. (KI 1 – Legal Representative)

Whilst the legal landscape relating to surrogacy remains complex, it appears that the participants in this study generally tended to source, rely upon, and trust informal legal advice. This may have been a strategic move to avoid what men perceived as an unnecessary cost. Professional legal services were only accessed for a specific concern, more likely to be related to a cross-border arrangement, or should men want to be forearmed if a particular challenge to their parenting rights was anticipated.

7.7 Summary

This chapter has presented men's experiences with key stakeholders they identified as being significant in their surrogacy journeys. These interactions are reported to be complex and challenging, requiring men to be responsive to overcome a range of potential hurdles to achieve parenthood. The majority of the men reported feeling "vulnerable" to the demands of others throughout their surrogacy journeys. These demands originated from surrogacy organisations, surrogates, fertility professionals, and maternity staff, as well as social and legal structures. The men's accounts illustrate their concerns that exercising their agency by challenging these tensions and barriers may jeopardise their chances of becoming parents, or deem them "unsuitable" or "unfit" people to parent in the eyes of these stakeholders. As the current UK laws offers gay men no legal protection until a Parental Order is granted, such vulnerability resulted in men often compromising their own desires but also striving to push for their rights.

Many of the challenges men faced in their pursuit of surrogacy were associated with healthcare professionals' lack of familiarity and experience with surrogacy and its legal position within the UK. This lack of knowledge further emphasises surrogacy as being a complex route to family building for all, not just same-sex, commissioning parents, although gay men are a newer group of clients accessing this provision. The participants reported the importance of possessing unique strengths, including tenacity and resilience to cope with the many challenges this route to parenthood presents.

The next chapter aims to draw together the research findings and discuss them in relation to theoretical insights and concepts of procreative consciousness and responsibility, critical kinship studies, and previous literature on the surrogacy experience.

Chapter Eight: Discussion

8.1. Introduction

The aims of this study were to explore the motivations and experiences of gay men who seek surrogacy to achieve parenthood, and to learn more about the roles that key stakeholders play in facilitating or limiting men's use of surrogacy to build their families. To demonstrate how these aims have been fulfilled, this chapter contextualises the study findings by referring to the prior literature on the topic where relevant, as well as examining the findings using theoretical insights from CKS, Derald Wing Sue's (2010) work on micro-aggressions, and building upon and extending Marsiglio's conceptualisation of procreative identity. In comparison to previous studies, this research focuses on gay men resident within the UK to investigate how they develop their procreative consciousness in a jurisdiction where gamete donation is highly regulated and commercial surrogacy is illegal. This will highlight how issues in relation to procreative consciousness and procreative responsibility impact on gay men's perceptions of the possibility of parenthood, how they operationalise their parental aspirations, and their experiences as they navigate the surrogacy journey.

This chapter is organised theoretically, using key concepts of CKS and reflecting on the idea of 'reproductive optics' through which to break up heteronormative ways of knowing, seeing, and being (Haraway, 1992: p299). This will enable a re-imagining of kinship and a critique of the normative assumptions of kinship practices which underpin caring relationships (Riggs & Peel, 2016). CKS offer a broader theoretical framework in which to critically engage with and expand upon key concepts, notably, procreative consciousness and procreative responsibility (Marsiglio, 1991). This novel relationship is schematised in a diagram below (see Figure 8).

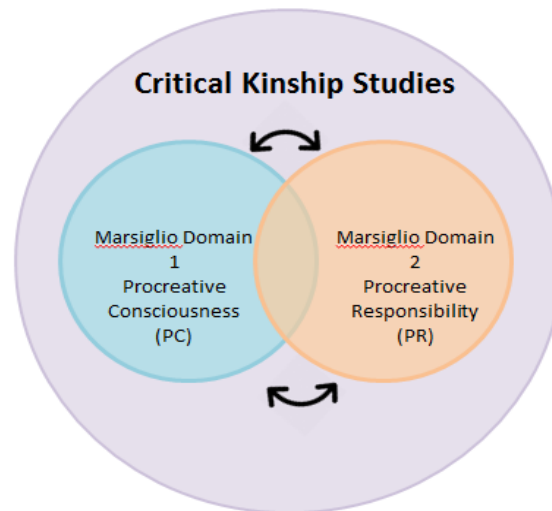


Figure 8: Conceptual Underpinnings: Critical Kinship Studies and Concepts of Procreative Consciousness and Procreative Responsibility.

The first section of the chapter discusses re-imagining kinship and highlights how the changing landscape of legal, social and technical possibilities means that the concept of family, and who can be a family, is ever-changing: new family formations and living arrangements and the opportunities afforded by developments in conception practices including surrogacy. This section draws upon the interview data from the men to illustrate how they develop procreative consciousness, and the temporal and situational factors that trigger changes in their perceptions of the possibility of becoming parents. The section following this explores how gay men enact procreative responsibility to enable them to access surrogacy services to create their family, and their reproductive decisions as they navigate their surrogacy journey. In each case, these concepts are extended and developed from their original formulation via the addition of new definitions and categorisations. Finally, I will present a novel and additional third dimension to Marsiglio's existing theoretical framework (see Figure 9) developed from the data in this study. This extension to the original framework explores the impact of what I term 'procreative boundaries': factors which need to be considered in order to reflect the importance of the socio-cultural context that is shaping same-sex male couples' decision-making and plans to become parents. This final section returns to issues raised in Chapter Seven relating to men's experiences and interactions with key stakeholders involved in various aspects of

surrogacy practice, to consider how these stakeholders, alongside social structures, facilitate or limit men's use of surrogacy. The overarching framework of CKS, exploration of the implications of micro-aggressions, and the three inter-linked procreative domains allow for the interrogation of the specific meanings of procreation through the lens of gay men's experiences.¹⁶

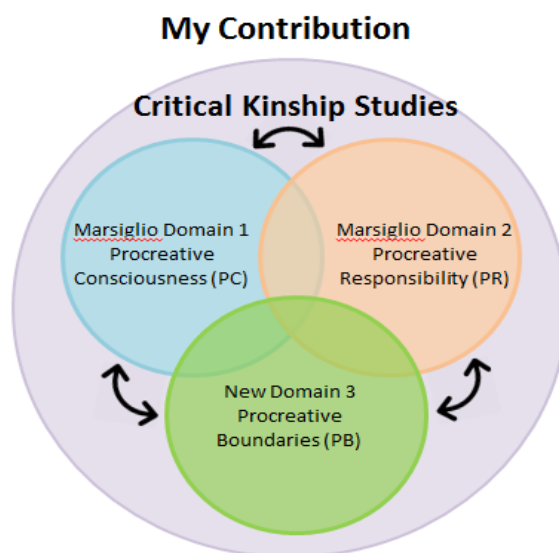


Figure 9: Revised Procreative Identity Framework as developed in this Thesis.

8.2 Surrogacy and (Re)imagined Kinship

Over the last decade, numerous social, cultural, and legislative changes have transformed and extended the concept of family from the traditional nuclear family formulation: a heterosexual couple in a married or married-like relationship with biologically related children. In addition, the previous traditional characterisation of heterosexual marital reproduction being solely coital has also changed, as technological advances enable infertile couples to access third-party reproduction to create their family (Giddens, 2005; Ethics Committee ASRM, 2013). A continuing core notion of family has required that children are biologically related to their parents and such views are encapsulated in metaphors such as 'blood is thicker than water', 'blood ties', or what Bartholet (1999: p7)

¹⁶ These three procreative domains have only been addressed separately in order to clarify their definition and to improve readability.

has described as a “blood bias”. This assumption that a genetic relationship is central to the concept of family, and the only route to parenthood, may offer an explanation for the increasing number of people seeking infertility treatment with the hope of having a genetically related child, rather than seeking other alternatives (Langdridge, Connolly & Sheeran, 2000; Rozée & Unisa, 2016).

Changes in social norms, increasing rates of divorce, and the plethora of blended families may have led to a reduced sense of stigma attached to non-traditional families, resulting in an increase in modern families, including more LGBT families, and families created through ART (Pertman & Howard, 2012). Lesbian women have the biological ability to bear children, so have a choice whether to seek medical assistance to help them conceive, or to undertake informal artificial insemination (Hodson, Meads, & Bewley, 2017). In contrast, although there are now more opportunities available for same-sex male couples to become parents, they face the additional difficulty of not being biologically capable of creating a child together without intervention (Sturm, Sawin & Metz, 2014). This study is therefore important in shedding light on the phenomena of gay men’s use of surrogacy to become parents, to gain a deeper understanding of their motivations and experiences of negotiating this novel pathway, and capturing men’s perceptions of the contributions various actors make and subsequently play in their envisaged families.

As discussed in Chapter Three, CKS provides a wider remit in which to explore these new avenues for understanding what it means to be in relationships with others, and challenges previously held perceptions of how we think about family. By utilising new opportunities and creating planned families, gay men challenge normative definitions of family and parenthood (Dalton & Bielby, 2000). However, of all the ART options currently available, surrogacy remains one of the most controversial (Jadva, 2016). Teman (2008: p1105) posits that these anxieties relate to the subversive nature of surrogacy which disrupts two traditional and coveted conceptions by the western world: family and motherhood. Opponents assert that surrogacy represents the height of destabilisation of long held conceptualisations of the family (Haimes, 1990; Markens, 2007) and such families are viewed as socially constructed through the marketplace, and / or created from choice rather than fate (Rao, 2003). Whilst the traditional family imaginaries view sex as

biological; gender as cultural; and sexuality as dichotomous (Haraway, 1992: p299), gay men's use of surrogacy further disrupts this heteronormativity and the associated nuclear family ideology. In addition, men seeking surrogacy require access to an egg and a woman to gestate the pregnancy, which raises questions about who are perceived to be the child's parents and how genetic origins and kinship are negotiated and enacted within such families.

Various kinship relationships exist that do not conform to the nuclear family model, and draw upon biological and non-biological relations (Butler, 2002), for example single-parent households, and step-parent families. Franklin and McKinnon (2000: p276) posit that rather than conceiving kinship merely as biological, it is now possible to (re)-imagine kinship as "self-consciously assembled from a multiplicity of possible bits and pieces". From this perspective, kinship is conceptualised as performative: a set of practices that constitutes relationships of various kinds which negotiate the reproduction of life (Butler, 2002: p14-15). Weeks et al (2001: p37) suggest that families are a 'doing rather than a being', so kinship is socially enacted rather than just biologically produced. Through such a lens, attention is paid to the nature of familial relationships rather than patterned or taken for granted roles, behaviours and relationships. Here, kinship is acknowledged as appearing to be complex, messy, "provisional, and permanently emerging" (Haraway, 2004: p2). However, dominant images repeatedly configure kinship as a set of ideal familial relations in which one is (naturally) included or from which one is (naturally) excluded (Sullivan & Davidmann, 2016). This thesis has explored this complex "messiness" and questioned these images and representations. A common theme throughout this research study was the men's views that "*familiarity breeds acceptance*", and their belief that in time society will learn to view them "*just as a normal family*". Applying Haraway's (1992: p295) notion of 'reproductive optics' to disorient and scramble the heteronormative privileged images, allows the exclusion of different family forms to be challenged and kinship to be (re)imagined from different perspectives, facilitating a fundamental shift in the concept of family and kinship.

8.3 Procreative Consciousness

Gender norms locate reproductive planning as a woman's issue (Letherby, 2010; Morison, 2013), whilst men comprised an invisible group due to an assumption that having children is a taken-for-granted occurrence for married heterosexual couples (Meyers, 2001). Feminist scholarship has centred these reproductive experiences in women's lives, inadequately exploring their meanings in men's lives (Marsiglio, Lohan & Culley, 2013), or recognising men as "reproductive in their own right" (Inhorn, Ceballo & Nachtigall, 2009: p3). Whilst desire and motivation to parent has typically focussed on women's perceptions of reproductive timing (Perrier, 2013), procreative consciousness, an awareness and expression of procreative potential, is seen as less significant for men and remains under-represented in research studies (Morrell & Richter, 2006; Marsiglio, Lohan & Culley, 2013). Whilst Marsiglio's (1991) original work focussed on situational triggers for American young heterosexual men's procreative potential, and Berkowitz and Marsiglio's (2007) later work explored the factors that shaped American gay men's procreative consciousness over their life course, these were both US-based studies with an emphasis on procreative, father, and family identities rather than an examination of the ways in which these concepts were linked with a specific parenting pathway.

By focussing specifically on parenting via surrogacy, this thesis complements and further develops Marsiglio's and Berkowitz's work by developing a number of novel inter-related dimensions of procreative consciousness (see Figure 10). These include: parenting desire and possibilities within a heterosexist society; motivational turning points and readiness to parent; and family autonomy and exclusivity. These categories, which are an extension and adaptation of Marsiglio's, and Marsiglio and Berkowitz's work, form part of the original contribution in this thesis. These concepts will now be explored in relation to the data.

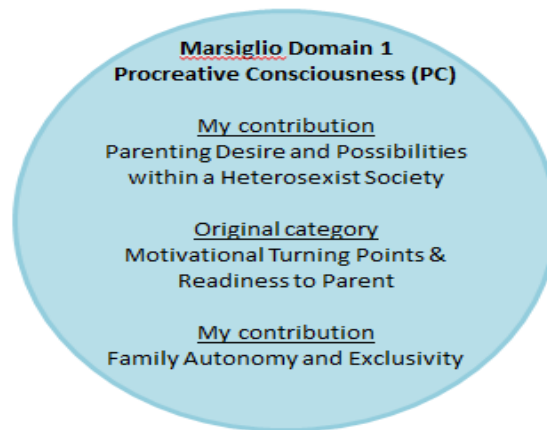


Figure 10: Categories of Procreative Consciousness explored in this Thesis.

8.3.1 Parenting Desire and Possibilities within a Heterosexist Society

In contrast to previous stereotyping that gay men are uninterested in children and parenting (Mallon, 2004), the majority of the men in the current study described an active procreative consciousness. This was expressed as an innate desire to become a father, with the majority of men reporting that they had always wanted to have children. However, although most men were able to identify when they became aware of their procreative desire, there were differences reported about their perception of being able to achieve their procreative potential. Their narratives are imbued with subtle differences suggestive of a generational divide. The younger participants were able to visualise parenthood and saw this as an unquestionable and viable aspect of their life course trajectories.

In contrast, the older men in the study previously perceived becoming a father within the context of a gay identity to be impossible, or involving insurmountable difficulties. This suggests not only the existence of heteronormative social values, but also how men's identities were embedded within them, resulting in parenthood being perceived as incompatible with their sexual identity and therefore beyond their thinking. The older participants' procreative consciousness seemed to remain dormant or rendered inactivate, perhaps due to the discriminatory socio-legal context of the UK that foreclosed

parenthood possibilities at that time. As Marsiglio (1991) outlined, men's realisation of their procreative ability was a key requirement in their awareness of their own, as well as others' procreative potential. At the point in time when these men may have had some temporary procreative awareness, social structural constraints prevented this consciousness from being further triggered, either briefly or in the longer-term. Although the desire to become a parent still existed, the men articulated a sense of disappointment and regret at having to suppress these feelings, but also an acceptance that fatherhood would not be something they could actualise. These findings indicate that parenting desire and motivation to act on this desire are socially constructed, as gay men become aware of the opportunities available to them. The changing social, legal and technical landscape facilitated a possible trigger for their procreative consciousness, as new parenting prospects emerged.

One third of the men in this study reported that their perception of the possibility of parenthood had been greatly influenced by what they described as "role models"; other gay men who had become fathers via surrogacy being more visible and sharing their personal experiences. For other participants, the increasing advertising material available online such as overseas websites specifically targeting same-sex couples, as well as responses from surrogacy providers when men initially explored this route to family building, affirmed these desires and helped to redefine their procreative potential. Similarly to Berkowitz (2007) findings, it was a heightened awareness of the *possibility* of parenthood through non-heterosexual means that was more significant to their sense of procreative consciousness rather than turning points, such as age, provoking their *desire* to become a father. The pioneering role models that the participants in the current study referred to, had not only changed their own future, but played a critical role in changing the wider LGBT community, by providing a diffractive lens through which other gay men could re-imagine their procreative potential and reconstruct their own definition and understanding of kinship.

The changing landscape of possibilities for gay men to become parents challenged previous perceptions that the term 'gay father' was an oxymoron as the dual identities of 'gay' and 'father' were seen to be mutually exclusive (Bozett, 1993). Such accounts of

impossibility were superseded with narratives of opportunity and choice in the field of gay parenting (Weeks et al., 2001). Although the younger participants in this study reported being more aware of the range of parenting possibilities enabling their procreative consciousness to emerge, these parenting desires were foregrounded within a culture favouring a heterosexual two-parent nuclear family. Oliver's account of the response he received after trying to join a UK surrogacy organisation: *'without any notion that they were being offensive, they were saying we have got lots of normal people wanting children'*, demonstrates the societal heterosexism and homophobia still being experienced by gay men in the UK wishing to become parents. According to Goldberg (2010), sexual minorities growing up in a heterosexist society are faced with messages that having a non-heterosexual orientation is wrong and perceived to be less valued. As outlined in section 3.2.3 much of the early research into gay and lesbian parenting aimed to confront this societal heterosexism and homophobic perceptions of gay fathers as deviant, and challenge concerns of possible negative effects upon children's outcomes.

The men's decisions to parent involved careful reflection on what Owen described as their own *'internalised homophobia'* and what that may mean for their future children (Williamson, 2000; Robinson & Brewster, 2014). Even though these participants were conscious of their procreative abilities and opportunities to become parents, they were equally aware of the way in which society devalued their abilities as parents. The study findings illustrate contradictory ways in which some participants were treated; whilst society viewed two men as unsuitable parents to raise their own child, conversely these same men, who had previously applied to adoption services, had been matched with a severely disabled or a vulnerable child, which it could be argued required the skills of an experienced parent. Although these men perceived this adoption offer to be a subtle level of discrimination to deter them from adopting, rather than a testimony of their parenting ability, this further prompted them to question their own sense of readiness to parent, and whether acting upon this procreative desire was detrimental to the welfare of their future child. For example, some men debated whether giving an adoptive child a home, rather than creating a child via surrogacy, would be viewed by others as a more acceptable way of demonstrating their parenting commitment and responsibility, as well as possibly resolving some of their internal conflict. This questioning did not change the men's desire

to become parents but helped them maintain a cognitively consonant state; a state of equilibrium between their thoughts or beliefs about family and their actions or behaviour when choosing the pathway to be taken (Festinger, 1957). This introspection was important in ensuring, as far as possible, that they felt able to justify their family creation to themselves, their subsequent children, and others in everyday life, as these men appear to be open to scrutiny in a way that heterosexual couples or lesbian couples may not be (Riggs, Bartholomaeus & Due, 2016).

This study found that gay men's thinking and reasoning about whether to act on their procreative desire are subtly different from that of heterosexual men because their procreative consciousness is infused with an awareness of subsequent scrutiny. The devising of strategies to take account of this, by making themselves and their family acceptable to others, and the double standard about which children are matched with gay men in adoption services, is influenced to some degree by dominant heterosexist ideology and societal myths about gay parenting (Mallon, 2004; Berkowitz, 2007; Murphy, 2015).

8.3.2 Motivational Turning Points and Readiness to Parent

The concept of a 'turning point' (Marsiglio & Hutchinson, 2002) refers to a situation or experience that prompts an individual to experience a break in consciousness and motivates them to become something different than they were before. Berkowitz (2007) pointed out that as gay men are less likely to with be faced with heterosexual procreative events, such as unplanned pregnancies, the majority of their turning points are non-procreative events, such as seeing other gay couples with children, engaging with children such as their nieces and nephews, and exposure to emerging opportunities to become fathers. Some of these turning points may be direct triggers to men's procreative consciousness, whilst others may initiate a more gradual transition. The men in the current study listed experiences of caring for other children; socialising with friends with children; observing other gay couples with children, as well as age, financial stability and relationship factors as turning points that motivated their desire for parenthood. These 'triggers' resonated with normative life course decision-making processes and perceived markers of stability, as also found in Goldberg, Downing and Moyer's (2012) study of

parenting motivational factors amongst 35 pre-adoptive gay male couples; literature examining women's perceptions on reproductive timing (Sol Olafsdottir, Wikland & Möller, 2011; Eriksson, Larsson & Tydén, 2012; Perrier, 2013), and heterosexual men's prerequisites relating to reproductive timing (Thompson & Lee, 2011a, 2011b; Shirani, 2013, 2014).

In the UK in 2016, over two-thirds (68%) of all live births in England and Wales were to fathers aged 30 and over. The average age of all fathers increased to 33.3 years in 2016, compared with 33.2 years in 2015 (Office for National Statistics, 2017b). In the current study the mean age at which men starting considering options to become fathers was 31 years of age. Although some men had been considering parenthood for many years prior to this point, there seemed to be a specific age range by which time the participants hoped to be a father. Some men were specific, identifying this as age 35, whilst others talked about an awareness of ageing and being conscious of what they referred to as their 'biological clock ticking'. The majority of men equated becoming fathers at a later age as "being too old" to not only be active fathers to their own children, but also too old to enjoy their potential grandchildren. Men's reference to a 'biological clock' in this study is interesting as it usually refers to a woman's fertility status. Also, as outlined in section 6.4, the older partner in the couple was often chosen to be the sperm provider, as also found in previous studies (Greenfeld & Seli, 2011; Grover et al., 2013). This suggests that men are aware of ageing; whether that is reproductive ageing or parenting ageing. Gay men may be using this terminology to refer to their perceptions of the timeframe involved in organising and embarking upon a surrogacy arrangement, and the imposed age deadlines of other parenting pathways, such as adoption, should surrogacy not be achieved.

Whilst advanced paternal age is still very much a developing area, evidence suggests that ageing affects men's hormone levels, fertility and sperm quality (Lambert, Masson & Fisch, 2006; Lewis, Legato & Fisch, 2006), has been associated with a higher risk for infertility (de La Rochebrochard & Thonneau, 2003) and lower success for IVF (de La Rochebrochard et al., 2006), and linked to the risk of miscarriage (de La Rochebrochard & Thonneau, 2002). The literature seems to suggest that for these and other conditions, the age of 45 is generally a turning point for men (Hassan & Killick, 2003). Although the participants in the

current study were imagining a parenting deadline below this suggested ceiling age, their decisions regarding when to embark upon a surrogacy arrangement may also be further influenced by societal attitudes towards later parenthood, potentially adding another layer of scrutiny to their family.

Timescales were an invisible and incalculable element of the men's surrogacy journeys as there was no template to base this upon. Participants in this study who sought surrogacy within the UK, talked about entering uncharted territory, that they were unsure how many surrogates were potentially available, and how many would be willing to work with same-sex couples. Equally, those choosing gestational surrogacy had the additional task of sourcing an egg donor, gaining access to a fertility clinic for IVF, and waiting for all these components to be choreographed so the programme could commence. There was a sense of having to accept that having a family via surrogacy was not a quick pathway, and this waiting time had to be balanced against their desired age limit for acting upon their procreative desire. The participants had spent an average of 5.7 years pursuing their desire to become fathers. In addition, Kieran estimated he had been waiting 25 years to become a father (he was 52 at the time of the interview), and is an example of some men's stable and prolonged procreative consciousness, further challenging previous stereotyping of men's interest in parenting.

Finding the right partner to parent with, and achieving relationship stability were commonly reported indicators of men's readiness to parent, which equally have been cited as factors shaping the timing of parenthood for heterosexual men (Thompson & Lee, 2011a; Eriksson et al., 2012; Thompson, Lee & Adams, 2013; Shirani, 2014). Furthermore, some men, like Harry and Kieran who both recognised their readiness to become fathers, were actively seeking partners who equally wanted to parent; this was a deciding factor as to whether to continue a relationship. For these men, the desire to realise their father identity potential took priority over the relationship. For other men, such as Charlie and Dean, their partner's stronger desire to parent, experiences of caring for other children, and socialising with friends with children, and more specifically other gay men and lesbians with children, were cited as turning points for triggering their own procreative readiness.

Participants reported that they were often motivated to parent because of their own positive family upbringing, and the subsequent value they placed on these strong family ties; also reported by Goldberg, Downing and Moyer (2012). These participants seem to imagine their future families replicating the sense of closeness and connection they have within their own family, albeit in a different family structure. Interestingly, for two-thirds of the men, their civil partnership ceremony symbolising their committed relationship, was highly significant. These men reported that having a family was the 'next logical step'. This may further reflect the familiar family model in which these men were raised and their desire to replicate it, and also signify a new sense of stability and social acceptance conferred by civil partnerships. Hicks (2006a) posited that gay men are not usually seen as the natural carers of children, due to their gender, and are not seen as natural parents, due to their sexuality. This image may leave men vulnerable to social scrutiny by failing to adhere to the conventional family form and may have further influenced men to delay parenthood until they had a well-established stable relationship with a partner who equally desired parenthood. A civil partnership may have been a means of gaining social acceptance by symbolising stability and commitment, perceived to be essential components of heteronormative family models, thus legitimising them as prospective parents. These family formations appear to be a fusion of old and new models, incorporating kinship beliefs which stem from traditional values (Shaw, 2013; Herbrand, 2017; Smietana, 2017).

The data suggests that gay men's procreative consciousness was situational; shaped and triggered by specific experiences or social shifts, and their decision to act upon this desire and the subsequent timing of parenthood was influenced by personal priorities and relationship factors, similarly to those reported for heterosexual men (Marsiglio, 1998). The findings support previous claims that for all men (irrespective of sexual orientation), procreative consciousness seems to emerge as they progress and develop through their life-cycle and subsequently form mature, long-standing and committed relationships (Riggs & Peel, 2016). The data from the current study suggests that the only difference relates to gay men's perception of the *possibility* of parenthood. This appears to be age-related and influenced by the changing socio-historical landscape providing new opportunities which may activate their procreative consciousness. In addition, seeing

other gay couples successfully use these opportunities to create their families reiterates the feasibility of these new parenting routes and facilitates future access for other prospective parents.

8.3.3 Family Autonomy and Exclusivity

Surrogacy was viewed as a preferred parenthood pathway for several reasons which resonated with the participants' family ideals and images of kinship. The primary reason why men in this study specifically chose surrogacy was because it offered the possibility of family exclusivity and autonomy, where the men were the primary parents and could raise a child from birth. This supports Murphy's (2015) findings where the notion of a two-parent family living in the same household was strongly reinforced. In both studies, the participants' accounts are primarily associated with conventional ideas of normative nuclear family and kinship models. Men's perceptions of what constituted 'exclusivity' and ways of achieving this, became more imaginable and viable as additional family building pathways, such as surrogacy, became accessible. Although co-parenting had been briefly considered by some men as a means of securing a genetic link to the child, this family model required negotiation of their social ties with a "third-party", thus not providing the family autonomy that was so desired. In contrast, although adoption offered the 'two-parent family living in the same household' model, underlying concerns relating to what men described as "interference" from adoption authorities, equally failed to protect their exclusivity and autonomy.

The heteronormative model of the two-parent family has previously been reported to have a strong influence on the family aspirations of young gay men (Rabun & Oswald, 2009). Participants in the current study wanted others to see the ways in which their lives 'matched' rather than challenged, those of heterosexual families, as Oliver emphasises: *"we are just parents and children and it's just a family doing normal stuff"*. There was a general consensus amongst the participants that others seeing them as 'just a normal family' would help to demystify these family arrangements. Finch (2007: p66) contends that this "seeing" of family life is important; that *'families need to be 'displayed' as well as 'done'*. However, social and cultural lenses shape expectations of families and parenting,

and who is recognised as a parent. In order for LGBT families to be recognised they must fit into proscribed heteronormative parenting roles (Riggs, 2007a). This reported desire to display their “normal family” life allows men to convey their ‘performative kinship’ (Butler, 2002) to themselves and others and by ‘doing family things’, these relationships are authenticated as ‘family’ relationships’ (Finch, 2007: p67).

Half of the men in this study specifically chose surrogacy because it enabled them to have a genetically-related child. As previously discussed in Chapter Five, Dean explained that *“having your own biological child fits that model of conformity and I think that’s what we were aspiring to be on some level”*. This mirroring of what was perceived to be the traditional family model, which usually prioritised genetic relatedness, illustrates how these participants’ procreative consciousness was influenced by heterosexual assumptions and prescriptions of what defines a family. Flynn’s concerns that following adoption the genetic parents could potentially jeopardise their family unit by *‘turning up with a trump card going well biologically I’m your dad or I’m your mum’* demonstrates a perception that genetic relatedness equates to a kind of ‘ownership’ where a level of privilege is associated with genetic ‘blood ties’. Choosing surrogacy to facilitate a genetic link with the child served to secure the legitimacy of their family, and to provide some legal standing. However, Ryan and Berkowitz (2009: p155) posit that genetics is one of the few blueprints gay men have to work with as they mentally sketch their future families. This genetic tie strongly connects with conventional kinship discourse and may be perceived to act to authenticate kinship.

Despite participants reporting that they were not fully versed about the full implications of surrogacy, they saw this path as a means by which they could have their own child, a child they could raise from birth, and the way they wished, without the concerns about third party involvement as in co-parenting arrangements, or the “interference” from adoption authorities. However, this is still somewhat surprising given the third party reproductive nature of surrogacy. This assisted element of the reproductive process seemed to be viewed as a pragmatic means to an end, and suggests that the men initially perceived a greater degree of control in both the type and duration of relationship with a surrogate, than in a prescribed relationship with adoption organisations.

This idea of a “child of their own” (Murphy, 2015) indicates a sense of ownership linked with autonomy, which appeared to override the importance of a genetic link for some men. After all, surrogacy within the UK context could only offer same-sex male couples the opportunity for one genetically-related parent and one non-genetically-related parent. Some couples, where initially one man had specifically wanted to be the genetic father, reported that the longer it took to achieve a pregnancy, the more importance was given to having a family rather than a genetic link to the child. These findings match those in studies of heterosexual couples who seek adoption having experienced infertility (van den Akker, 2001; Goldberg, Kinkler & Hines, 2011). This heightened sense of procreative consciousness amongst these participants clearly challenges previously reported beliefs and assumptions that women are the ones who drive and pursue parenthood.

In summary, the findings from this study suggest that gay men become parents for similar reasons to heterosexual men, such as a desire to nurture children and for those children to be permanently in their care, thus creating a unit of closeness. Men experienced turning points including individual factors such as reaching a certain age; relational factors such as finding a partner that also wanted to be a parent; and circumstantial factors such as exposure to other gay men having children, access to information and services supporting surrogacy as a means of building a family, and legal changes making this a viable option. A number of factors influenced men’s decisions to choose surrogacy as a pathway to parenthood based upon normative expectations, attitudes to genetic parenthood, and their desired family exclusivity. Although surrogacy requires the involvement of third and fourth parties, men viewed this avenue as offering a degree of agency in relation to both genetic relatedness and family autonomy, which they perceived to legitimate the display of their families as morally and socially acceptable.

8.4 Procreative Responsibility

Procreative responsibility, as discussed in Chapter Three, refers to the *actions* men take in relation to their procreative consciousness (Marsiglio, 1991). This concept includes men’s personal sense of obligation towards, and their level and type of involvement with the outcomes of these procreative actions (Marsiglio, 1991). For heterosexual men, this may

relate to their involvement in situations relating to contraception use or pregnancy resolution (Marsiglio & Hutchinson, 2002). Additional studies have investigated men's procreative responsibility but again focussed on heterosexual adolescents and young men's perceptions of an unplanned pregnancy (Olmstead et al., 2013; Daugherty, 2013; Dudley et al., 2012). Whilst Berkowitz's (2007) study was the first to explore the ways in which gay men developed and expressed a procreative consciousness, less attention was given in that work to the concept of procreative responsibility, which remains relatively under-applied in the literature. Gay men are less likely to be faced with the same contraception or pregnancy resolution scenarios confronting heterosexual men so their procreative responsibility needs to be explored in different ways, such as via their procreative decision-making and their level and type of involvement in the surrogacy planning.

Research has previously highlighted how advances in ART, have raised new issues, concerns, and negotiations relating to notions of kinship and relatedness (Strathern, 1992a; Franklin & McKinnon, 2001) thus necessitating new forms of decision-making. The findings from the current study suggest that an awareness of the desire to have children set in motion an extended period of soul-searching, and a great deal of research, decision making, and planning. By choosing surrogacy to become parents, men rely on third and fourth parties to help construct their sense of procreative potential and subsequent parental identity. The present study offers a novel lens through which to advance understanding of gay men's procreative decision-making, and learn more about the ways in which men negotiate access to surrogacy and perform procreative responsibility within this complex reproductive realm. The categories of procreative responsibility explored in this thesis relate to men's explicit choices relating to the desired characteristics of the egg donor, making decisions about which man will be the genetic father to the child, who will be the surrogate, and deciding upon the contribution and role these third and fourth parties play in their envisaged family (see Figure 11). These categories will now be discussed in turn, but it is important to acknowledge that these aspects of reproductive decision-making are not made in isolation. These men are imagining and creating meaning on their own terms and in ways that do not necessarily "map neatly onto embedded logics of who and what makes a family" (Mamo & Alston-Stepnitz, 2015: p525).

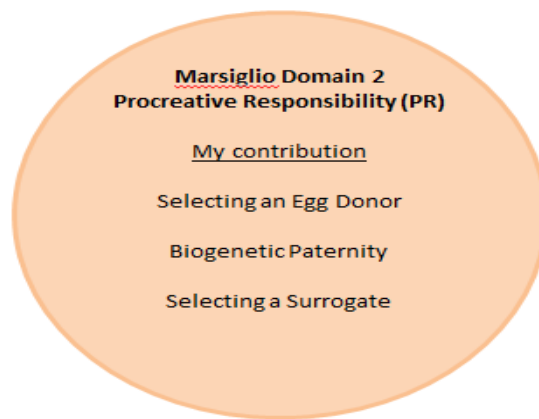


Figure 11: New Categories of Procreative Responsibility Explored in this Thesis.

8.4.1 Selecting an Egg Donor

In this study, nine cases involved gestational surrogacy, therefore requiring an egg donor as well as a surrogate. Four of these arrangements took place in the UK, one case was initiated in the UK but the IVF process took place at a European clinic, four cases took place in the US, and one in India. None of the participants had used a family member or friend, as their egg donor. The previously unknown donors were accessed via two routes: the majority via fertility clinics and in one case, via a UK surrogacy organisation. There was little discussion with regard to the choice of an anonymous or known egg donor; this decision appeared to be implicitly linked to the participants' choice of jurisdiction for their surrogacy arrangement and the egg donation laws and regulations within those selected countries. As discussed in Chapter Six, egg donation in the UK is regulated by the HFE Act and as such egg donors sourced via UK licensed fertility clinics are anonymous to the recipients at the point of treatment, but must agree to be identifiable to any donor-conceived person when they reach adulthood (HFE Act, 2008). However, one couple sourced an egg donor via a UK surrogacy organisation (a pragmatic rather than a predetermined choice), and thus had the opportunity to meet their donor. In contrast, overseas clinics have their own policies relating to the type of egg donors they offer. For instance in the US, some clinics chosen by the participants only provided anonymous donors, whilst in other clinics, the men were able to have some contact with their chosen donor via email or Skype. Whilst the data suggests that the men who pursued an overseas

surrogacy arrangement did spend some time thinking about their potential egg donor, they prioritised securing access to a fertility service offering surrogacy over the choice of a known or an anonymous egg donor.

Section 6.3 outlined how some men were looking to match the physical characteristics of the egg donor with characteristics they perceived were similar to themselves, “in order not to disturb the harmony of the genetic background” (Kieran), and so the child “wouldn’t be looking terribly different” (Ethan). This sense of being able to create a semblance of a genetically related two-parent family was a key consideration for some participants and has also been reported in studies of lesbian prospective parents using donor sperm (Jones, 2005; Nordqvist, 2010). This aspect of procreative responsibility suggests a response to culturally pervasive heterosexist family understandings that families must look similar to be both accepted as families, and be seen to be “doing family” correctly (Rothman, 2005; Ryan & Berkowitz, 2009). As men are unable to biologically bear a child, this necessary female assistance is not possible to conceal in the same way that heterosexual couples may present a child as one they have conceived naturally themselves. However, family semblance still appeared to hold important kinship meaning for some participants.

The participants who sought gestational surrogacy in the US recalled the volume of profiles they carefully searched through to find a donor. However, whilst donor selection was an important decision to be made when there was an element of choice, those accessing egg donors via UK licensed fertility clinics, such as Vincent and Nathan, reported very limited numbers of donors available to select from. This scarce resource meant men often proceeded with a donor who did not match their initial physical preferences. Selecting an egg donor was not necessarily a once only decision; if pregnancy was not achieved with the embryos created from their selected donor, some men would need to decide upon alternative egg donors for subsequent treatment cycles. The availability of another egg donor with their preferred physical characteristics was not guaranteed. The dilemma of whether to accept an egg donor that did not ideally match the men’s requirements appeared to be solved by comparing this situation to what three participants described in section 6.3 as ‘nature vs. nurture’. This logic seemed to ease this feeling of cognitive dissonance (Festinger, 1957) thus enabling them to reason that an egg donor

was only a partial biological contributor of the pregnancy. Consequently, these men were able to reconcile their image of kinship and their previously perceived importance of semblance with the egg donor. Robert's image that the baby '*would be a plain canvas and would become whatever we wanted it to be...our nurture more than its nature*' illustrates how by questioning the importance of genetic relatedness, men were able to foreground one male partner's genetic role, plus their intention to be social parents, in order to outweigh the egg donor's genetic contribution. Yet, at the same time, these accounts suggest that despite gay men now being able to imagine their families in a variety of ways, their sense of procreative responsibility is still constrained to a degree by cultural privileging of biological forms of kinship.

Conversely, selecting an egg donor with dissimilar characteristics to themselves appears to be a strategic means of men disguising which partner was the genetic father. This creative way of minimising certain physical characteristics to mask the biological father served to maximise kinship affinity and equality between male partners, and enact procreative responsibility by maintaining an element of privacy for families that are often publicly scrutinised. Riggs, Bartholomaeus and Due (2016) suggests that families formed through reproductive heterosex remain the most protected and supported family form, and are afforded the greatest degree of privacy; whilst families formed through surrogacy continue to be subject to public scrutiny, perhaps because of its contentious nature. The notion of 'looking alike' indicates a biogenetic bond of relatedness, which is socially recognised as such. This focus on resemblance and engagement in "resemblance talk" to mask the child's origins may serve to affirm the legitimacy of both intended parents through reference to physical likeness and solidify their kinship claims (Becker, Butler & Nachtigall, 2005). By carefully selecting egg donors based on specific physical characteristics, same-sex male couples can be seen to socially construct a genetic relationship between both male partners and the child, constructing the child as if it was theirs biologically. This image can only be constructed by distancing the donor's genetic contribution by making it less visible (Nordqvist, 2010: p1135).

In summary, it seems that in line with previous evidence on sperm donation (Nordqvist, 2012) and egg donation (Konrad, 2005) the donor was acknowledged as an important, but

unavoidable contributor in the *planning* of these surrogacy families, rather than a contributor in the imagined future family. Despite the egg donor not being perceived to warrant a functional role within the family unit, the men did report a level of procreative responsibility in acknowledging the egg donor as a potential important kinship resource for their children; either in terms of calling upon the donor if needing to query a child's medical history, or should the child wish to make contact with her. Here procreative responsibility is demonstrated by the men's weighing up of the circumstances and needs of others, with their own desire for family autonomy and exclusivity. Prioritising men's desire and *intention* for a family, whilst minimising the donor's contribution, serves to protect the men's imagined family unit and authenticate them as the 'real' parents.

8.4.2 Biogenetic Paternity

As previously discussed in section 8.3.3, surrogacy was specifically chosen as the route to parenthood as it enabled at least one of the male partners to be genetically related to their child. The men in this study appeared to have a clear and agreed plan as to who would provide the sperm; none of the participants disclosed any degree of disagreement regarding this. Their decision was based on factors such as: who was older: who had waited to be a father the longest: who had a greater desire to be a genetically-related parent. This is an important finding given that research from Australia (Dempsey, 2013b; Murphy, 2013) suggests that gay couples are often involved in complex negotiations regarding whose sperm to use. The participants in the current study stressed that this was not a one-off choice; the majority of participants intended to have more children so the decision was based on which man would go first, rather than deciding which man would be excluded from becoming a genetic father. This suggests that even before undergoing their first surrogacy attempt, some men imagined their family to consist of more than one child, and in turn, those children would create an additional kinship bond between the men.

This notion of future family planning was evident throughout the interviews; men were not just performing procreative responsibility in the here and now, but planning for the years ahead. Several men reported undertaking several cycles of egg donation to secure

the same egg donor, and to freeze batches of embryos created by both men to enable them to plan which embryos, from which man, would be transferred for each pregnancy attempted. Flynn and Elliott described how they had '*skewed the number of eggs so I would have 25% and he would have 75%*' to balance previous attempts where one partner had fertilised more of his allocated eggs. This decision ensured the other partner had the potential to fertilise additional eggs by weighing the odds in one partner's favour. Section 6.4 outlined how embryos were often created and frozen ahead of sourcing a surrogate to ensure that when a surrogate was eventually found, a treatment cycle could be started as soon as possible. This precision planning was deemed to be important as surrogates within the UK context were perceived to be a scarce resource. Indeed, in 2013 it was reported that all three UK surrogacy organisations had closed their books to new intended parents due to growing demand from intended parents and a shortage of UK surrogates (Prosser & Gamble, 2016). Pre-storing embryos was a strategic move to try to optimise their chances of a surrogate choosing to work with them, by demonstrating their procreative responsibility and readiness to parent, and bypassing other competing intended parents.

Despite some participants identifying that a genetic link to the child was an important factor in choosing surrogacy to become parents, more importance was given to both men being able to recognise themselves as equally connected to the child. All participants reported that knowing who was the "real dad", was irrelevant; what was important was that this was "their child". Murphy (2015: p145) refers to this lack of disclosure regarding the genetic father as "strategic silence"; family relatedness is reimagined to ensure this information is kept secret and does not affect the equal treatment of both men as parents. Some participants in the current study described being asked "who's the father?" by family and friends, and expressed their reservations regarding whether this disclosure could jeopardise the way the child would be viewed by the non-genetic extended family. Although many participants emphasised the irrelevance of genetic fatherhood, their subsequent accounts of sourcing the same egg donor to store embryos for future siblings to ensure they were genetically related, and their anxieties about grandparents' abilities to bond with a genetically unrelated child if this information was disclosed, suggests a more complex situation. Genetic relatedness appears to be important on a number of levels, and demonstrates the ways in which kinship practices are variable and contradictory.

In the three cases where participants sought gestational surrogacy in the US, they all chose to divide their donated eggs between both men so each man could attempt to fertilise a selection of eggs, allowing them to transfer an embryo created from each of them into their surrogate. This meant that if pregnancy occurred it would not be possible to know which man had fathered the child, or in the event of a twin pregnancy, the men were unaware of the paternity status of each twin. Similar findings regarding this mixing of sperm have been reported by Berkowitz (2007) and Murphy (2013: p1117); the latter coined this mixing of sperm "intentional unknowing". This sense of obscuring the genetic parent (Murphy, 2013) was prominent throughout the men's accounts in the current study. However, as the HFE Act governing fertility treatment does not allow the transfer of embryos created by different men in an individual treatment cycle, those participants undertaking gestational surrogacy within the UK context would always know which man was the genetic father. These men devised alternative ways of addressing this genetic asymmetry and disguising the genetic connection from others. As discussed in section 6.7.1, this included the non-genetic parent taking on the role of primary carer for the child once it was born, creating a nurture rather than nature relational kinship bond, or the non-genetic father providing the sperm for a subsequent sibling. Murphy (2013; p1116) refers to this as "turn-taking". Those participants in the current study who planned on "turn-taking" for future children often negotiated using the same egg donor to enact procreative responsibility by striving for the children to be genetically related to each other. These participants imagined family as two children and two fathers, each man a biological father of one of the children, and the children genetically related by using the same egg donor.

Three cases opted for traditional surrogacy within the UK, and in one of these cases the men reported choosing to mix sperm for the purpose of "intentional unknowing". Here, one man would provide the sperm for the surrogate to self-inseminate on one day of her peak ovulation time, and the other man would provide the sperm for insemination on the following day. In this scenario, when pregnancy occurred it was not possible to identify which man had fathered the child. In the remaining two cases, the men chose "turn-taking", whereby either one man provided the sperm sample for one month's insemination, and the other man providing the sperm the following month; or one man provided the sperm for a set period of attempts and if no pregnancy occurred, the other

partner started providing the sperm. In situations where the men knew which one of them was the genetic father, they also performed “strategic silence” (Murphy, 2015: p145) to prevent the genetic father being identified. One participant recalled using “red herrings” to distract family members from guessing who the genetic father was by showing family photographs of each partner as children, to point out their resemblance with the child.

Schneider (1980) posits that kinship is not forged solely through the biogenetic connection but must be “authorised” through cultural or social recognition, for example resemblance talk and being recognised by grandparents. These strategies to shift emphasis from genetic to social parenting, to cloud disclosure to others, and to avoid any parental hierarchy shows how some gay men assign meanings to situations and events, as well as to themselves and others, as they construct their parent identities in a non-traditional family. Whilst only Kyle made brief reference to genetic relatedness as a means of continuing the family line, the majority of participants in this study seem to imagine kinship as being centred on the couple relationship and their intention to parent, with kinship viewed as a combination of interpersonal and biogenetic factors.

8.4.3 Selecting a Surrogate

Whether intended parents chose traditional or gestational surrogacy, they all needed to find a surrogate. The men’s accounts demonstrated that their earlier concerns as to whether or not surrogates would be willing to work with gay men were actually unfounded; none of the participants in this study reported any difficulty in finding surrogates. The men reported meeting many women willing to act as surrogates along their journey; however there was a sense of procreative responsibility in needing to find the “right” surrogate that they felt able to work with. As discussed in Chapter Six, in the UK it is actually the surrogates who “choose” couples they wish to work with, whilst overseas it is the surrogacy agencies that match surrogates and intended parents. Thus, men’s procreative responsibility and agency in ‘selecting’ which woman they wanted to carry their baby was constrained to a certain degree by institutional practices. The men reported being initially introduced to many surrogates to provide opportunities for both parties to get to know each other before deciding if this was a match they wished to

proceed with. Whilst in five of the cases, the men became parents after working with the first surrogate they met, in three cases the men had met and/or worked with two to three surrogates before achieving a pregnancy. However, in the three remaining cases, these men had met/and or worked with five to seven surrogates along their journey to finally become parents.

Whilst participants appeared to choose egg donors mainly based on preferred physical characteristics, surrogates seemed to be 'chosen' based on personality traits. This may be explained by the fact that gestational surrogates would not be contributing any genetic input to the pregnancy, hence her physical characteristics would not be inherited by the child; however, genetic surrogates were also chosen based on personality. What was novel in this study was the way in which the majority of participants described a sense of chemistry when choosing to work with particular surrogates. This description of "just clicking" or "just feeling right" appeared to be a gut-feeling rather than being based on any concrete rationale, yet this was deemed to be an important aspect of procreative responsibility. The participants made comparisons between their experiences in meeting a potential surrogate for the first time, and going on a "blind date"; being both nervous but anticipative as to whether there would be a connection, which was perceived to be a reliable way of ensuring compatibility. However, there was also an unspoken agenda; not only did the men want to assess whether this was someone with whom they could establish a relationship, they too were being vetted by the woman who could facilitate or prevent this potential arrangement proceeding. The participants needed to perform procreative responsibility, by having thought through the implications and process of surrogacy and its future implications, in order to be seen as legitimate prospective parents to secure a surrogate. Some men talked about the artificialness of the relationship, needing to be on their "best behaviour" in order to make a good impression, "jump over the necessary hurdles", and beat off the competition. Although over a decade ago, Lev (2006) reported that despite accounts of homophobic prejudice and discrimination being evident in adoption and surrogacy agencies in the US, her participants had found that women were willing and eager to work with prospective gay fathers. However, in the UK, gay men were entering a new procreative realm in which there was no such precedent as

to how responsive surrogates would be to carrying a pregnancy for same-sex male couples, or the criteria against which these men were being assessed.

Whilst surrogates' criterion for assessing potential intended parents was unknown, many men in this study had clear ideas of what they were looking for in a surrogate. Although a positive instinctive feeling when first meeting a potential surrogate was viewed as more important than the surrogate's physical characteristics, two-thirds of the men were also interested in the woman's motives for becoming a surrogate. Participants questioned whether surrogates were entering into this agreement purely for financial purposes or because they genuinely wanted to help people become parents; a similar finding reported by Berkowitz (2007). Although the participants seeking commercial surrogacy overseas expected financial implications to be part of such a relationship, those men undertaking surrogacy within the UK context, where surrogates can only be paid reasonable expenses, imagined these surrogates to be more of an 'earth mother' with a clear desire to help others become parents. This image may be a way of demonstrating procreative responsibility in having considered and being able to reconcile some of the ethical debates associated with surrogacy, which is a practice opponents argue can lead to exploitation or coercion of women to act as surrogates (Tieu, 2009; Pande, 2011; Deonandan, Green & Van Beinum, 2012) and commodifies women and children. Some participants who sought commercial surrogacy also felt the need to justify this choice by pointing out that all heterosexual couples requiring ART are also in effect paying to have children. Murphy (2015: p196) also reported that participants in his study challenged the idea that in pursuing parenthood through surrogacy, gay men had in some way crossed a line that was not being crossed by other 'more socially acceptable' parents.

In the current study, over two thirds of the men who embarked upon domestic surrogacy, both traditional and gestational, attributed value to the woman having been a surrogate previously, and having completed her own family. These factors seemed to be a responsible way of affirming that this surrogate had the ability to relinquish the child; the greatest anxiety reported by all participants. However those men engaging in commercial surrogacy in the US reported less concern regarding this issue as they were able to secure parental rights prior to the birth of the child. Indeed, gestational surrogacy was reported

to have been specifically chosen by the majority of the participants to avoid the surrogate having a genetic and gestational connection to the child, to reduce the perceived risk of her defaulting on their arrangement. The separation of legal and genetic motherhood seems to have been consciously used as a strategy to minimise risk. This provides further evidence of men's perceptions of genetic relatedness overriding social relatedness, and the potential for it to cause tension within their imagined family unit.

Few studies have examined gay men's procreative decision-making and the complex negotiations required for men to actualise their parental desire. The participants' accounts demonstrate that surrogacy is a multi-faceted and challenging route to parenthood, yet men choosing this path are motivated by the degree of autonomy and exclusivity surrogacy offers over other parenting options. The men in this study engaged in multiple surrogacy arrangements over several years, in both the UK and overseas; their reproductive priorities and procreative decision-making was fluid and contextual, changing with the length of time it took to achieve a pregnancy. A heightened sense of procreative responsibility was apparent from the substantial and careful decision-making processes reported in this study.

Participants perceived an element of pressure to perform procreative responsibility in a way that not only ensured the best interests of their future children, but also demonstrated their readiness for parenthood and their legitimacy as parents, to facilitate entry into this procreative realm. This perceived onus to display procreative responsibility in ways which could be validated by others (Finch, 2007) may be in response to previous negative stereotyping of gay men as deviant, promiscuous, and irresponsible caregivers (Berkowitz, 2007). In contrast to Marsiglio's work with young heterosexual men, the findings from the present study suggest that in order to gain access to the procreative realm, gay men must perform *proactive* rather than *reactive* procreative responsibility, in order to gain support to attempt to create a family. I have developed this concept from the original by illustrating how choosing surrogacy, rather than other options such as adoption, requires a dedicated level of precision planning to orchestrate all components of a surrogacy arrangement, as well as consideration of the impact of these decisions on their future family unit. As the participants selected egg donors and women to act as

surrogates, as well as negotiated which male partner would provide the genetic input for the pregnancy, they imagined future families and relationships built on their views of relatedness and sense of belonging. This decision-making appears to be a way of gay men negotiating aspects of the surrogacy journey, and factors connected with conception, which were beyond their control, in order to seek out opportunities to exert their procreative agency.

8.5 Procreative Boundaries

This section of the chapter discusses how the present study advances and extends Marsiglio's concepts of procreative consciousness and procreative responsibility by proposing a new third component, that of '*procreative boundaries*'. This term is used as a novel framework through which to understand the broader multi-layered structural parameters within which gay men are able to realise their procreative consciousness and enact procreative responsibility. As Smith (1990) asserted, consciousness is not merely something going on in people's heads; rather, it is a social product produced by those in positions of power. Gay men's procreative consciousness has been constructed within a world that has traditionally assumed heterosexuality and continues to privilege heterosexual parenting (Berkowitz, 2007); whilst social structures and the ways in which family is imagined affect the circumstances under which men can parent (Lewin, 2006). This study has explored how a range of social structures have assisted or hindered the parenting desires of gay men over time, and how the increasing number of men accessing surrogacy may be transforming these social structures. In this thesis, surrogacy has been utilised as a diffractive lens (Haraway, 1992) through which to view kinship as contingent on the context of procreative boundaries, and to broaden our understanding of a reimagined future family form through the eyes of these UK resident two-father families.

The concept of boundaries has been used in disciplines such as anthropology, political science, social psychology, and sociology to refer to relational processes and limits that define entities as separate from one another (Ashforth et al., 2000; Lamont & Molnár, 2002). The literature from these disciplines seeks to establish the ways in which boundaries create, maintain or dissolve institutionalised social differences (Lamont &

Molnár, 2002: p168). The concept of procreative boundaries, as used in this thesis, refers to the parameters of inclusion and exclusion, and the distinctions made by social actors that shape and constrain gay men's reproductive decision-making, behaviours and attitudes within the reproductive realm. Although the visibility of new family forms has increased rapidly within the UK in recent years, the traditional nuclear family is still generally perceived as the most appropriate environment in which to raise children, and it is argued, remains the gold standard against which all other family types are assessed (Golombok, 2015: p3). As previously discussed in Chapter One, surrogacy, above any other form of assisted reproduction, elicits diverse responses because it calls into question fundamental cultural assumptions about kinship and about who is a parent (Hofman, 2009: p2). Butler (2002: p18) asserts that these terms of "thinkability" are enforced by the narrow debates over whom and what will be included in the norm. In order to understand the ways in which gay men's procreative consciousness emerges and is acted upon we must take into account the broader social and legal context of change. Although ARTs inevitably provide normative challenges as they expand the possibility of reproductive options and contest the traditional notions of motherhood, pregnancy, and childbirth (Peterson, 2005), this thesis highlights how men's use of surrogacy to create their families crosses a multitude of boundaries simultaneously, bringing with it a unique set of challenges. Although it could be argued that some of these challenges also exist for heterosexual couples pursuing surrogacy, or lesbians accessing ART, the data from this study suggests that there is an additional layer of complexity for gay men.

The quasi-business nature and complexity of surrogacy arrangements necessitated the men in the current study to construct their procreative identity, and perform their procreative responsibility within boundaries that were dictated by their involvement with other parties, as well as structural institutional and legal barriers beyond their control. Consequently, participants were required to present themselves to surrogacy organisations, surrogates, and fertility professionals in ways that could be understood and validated by these stakeholders, in order to be recognised as legitimate prospective parents. This study has shown that despite UK equality legislation protecting individuals from unfair treatment, some participants still reported a degree of micro-aggressions, which are more subtle, covert discriminatory behaviour (Sue et al., 2007). Often gendered,

these micro-aggressions impacted on the men's surrogacy experiences and their pursuit of parenthood. Thus, although these participants may desire parenthood and actively perform procreative responsibility by carefully considering and planning their parenting options to achieve their envisaged family, various procreative boundaries exist which challenge this image.

The current study is important as it sheds new light on the ways in which these surrogacy families differ from normative heterosexual family ideologies, and explores ways in which men negotiate these procreative boundaries. This section of the chapter will focus on the ways in which the men interviewed performed creative boundary work whilst pursuing surrogacy to become parents, to generate new insights into the range of structural and social processes within the procreative realm and the nature and complexity of these boundaries. For the purpose of clarity, these boundaries that men may need to navigate, negotiate and manage in order to become parents via surrogacy will be categorised as institutional; social; relational; and legal boundaries, as schematised in a diagram below (see Figure 12). The next section will explore each of these procreative boundaries in turn. However, in order to understand the impact of these procreative boundary categories, it is important to acknowledge that they are multidimensional and overlapping, which further demonstrates the complexity of the social, legal and technical aspects of surrogacy as a route to parenthood. Prior to an exploration of these procreative boundaries, the next section will briefly discuss the significance of micro-aggressions as an important context for the discussion which follows.

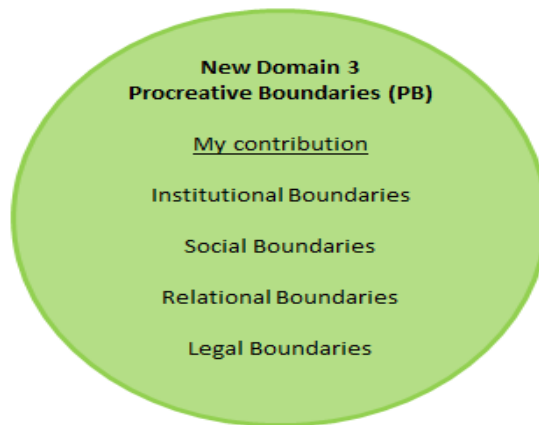


Figure 12: New Domain of Procreative Boundaries Explored in this Thesis.

8.5.1 Procreative Boundaries and Micro-aggressions

To gain a better understanding of how these procreative boundaries impact upon and constrain gay men's procreative consciousness and procreative responsibility I draw upon Derald Wing Sue's (2010) work on micro-aggressions. Micro-aggressions are described as subtle discrimination in the form of verbal, behavioural, and environmental slights and indignities directed toward specific groups of people (Sue, 2010). These discriminatory experiences are believed to arise from systemic, deeply ingrained social justice problems such as oppression, stereotyping, privilege, inequities in power, and societal biases (Dovidio et al., 2002; Sue, 2003). Micro-aggressions can be an involuntary response of the perpetrator and are often committed by well-meaning individuals (Sue, 2010). Sue (2010) proposed a typology of micro-aggressions that sexual minority individuals may face. The current study will explore the ways in which three categories of Sue's typology; namely: heterosexist language / terminology, assumption of abnormality, and endorsement of heteronormative culture / behaviours, manifest and operate as procreative boundaries and create another layer of complexity for gay men that other intended parents may not experience.

Previous studies on gay parenthood have reported how inequitable practice policies and personal biases within fostering, adoption, and reproductive health services have

impacted upon parental aspirations (Hicks, 2000; Goldberg, Downing & Richardson, 2009; Yager et al., 2010; Kimberly & Moore, 2015). Employing the concept of micro-aggressions will facilitate an investigation of the multi-layered structural and power parameters gay men may face when choosing surrogacy as their preferred path to parenthood. This lens shifts the focus beyond problematic individual interactions to the discourses that shape them, to gain an understanding of how such discourses may inhibit not only the participants in the current study, but other gay men in the future, from pursuing surrogacy as a means of becoming parents.

8.5.2 Institutional Boundaries

Gay men's reproductive physiology mostly restricts them from accidentally "getting pregnant"¹⁷, so men need to proactively plan their families and rely upon the assistance of others. Although it could be argued that gay men have agency in relation to willingly entering into the procreative realm, unlike some heterosexual men who are suddenly faced with an unplanned pregnancy (Marsiglio & Hutchinson, 2002), they are subsequently constrained by certain institutional structures and discourses that serve to include or exclude them as prospective parents. Institutional boundaries in this context refer to the roles institutions and individuals play in facilitating or inhibiting gay men's access to surrogacy, and the ways in which those in positions of power construct and endorse social norms relating to gender, sexuality, and parenting that disadvantage certain groups of people. Berkowitz's (2007) findings revealed that gay men's procreative consciousness was profoundly shaped by institutions but neglected to investigate the ways in which these institutions shape the planning and building of families by gay men; the current study aimed to address that gap in knowledge.

Despite the significant changes in UK equality legislation as outlined in Chapter One, removing some of the structural boundaries to parenting for gay men, overt and tacit micro-aggressions within adoption services, surrogacy organisations, fertility clinics, and

¹⁷ It is acknowledged that gay or bisexual men may/could engage in sexual relationships with women and some self-identified gay men may continue/ or have sexual relationships with women.

maternity services are still occurring. Several of the participants reported turning to surrogacy following the discrimination they had faced during the adoption process. Micro-aggressive messages endorsing a heteronormative culture resulted in gay fathers only being matched with an older child, or more commonly, being offered a child with special needs or severe disabilities that other heterosexual adoptive parents had declined. Yet, as described in Chapter Six, some men, like Oliver and Ethan were faced with further micro-aggressive statements relating to assumptions of abnormality (Sue, 2010) when trying to join UK surrogacy organisations, which historically had only included heterosexual members. Oliver recalled being told *“we have got lots of normal people wanting children”*, whilst Ethan reported that *“they all said we wouldn’t touch you because you are a gay man”*. These exclusionary experiences also extended to UK fertility clinics. Oliver and Nathan both reported having to overcome a series of what they perceived were unnecessary barriers and hurdles employed to mask clinic staffs’ reluctance to be involved with their surrogacy request, reinforcing a lack of legitimacy as prospective parents. Other participants, who had gained access to fertility services, experienced different micro-aggressions involving the use of heterosexist terminology (Sue, 2010) embedded in clinics’ documentation and clinical practices. Clinic forms still asked for details of the female partner and male partner, indicating an assumption that couples accessing ART are, or should be, heterosexual.

Mamo (2007: p230) argued that fertility services reproduce not only individuals but also a consumer marketplace that stratified users by who can pay, heteronormativity that supports pro-natalism, as well as heterosexual definitions of infertility. A key difference between a same-sex male couple opting for surrogacy and that of a heterosexual couple is that the latter usually consider or undertake surrogacy only following unsuccessful attempts to conceive naturally or failed assisted conception programmes (MacCallum et al., 2003; Hammerberg, Stafford-Bell & Everingham, 2015). Here, infertility is presented as a devastating experience (Greil, 1997); in contrast, rather than accessing surrogacy with a degree of regret or disappointment, the men in this study embarked upon this arrangement with excitement and optimism (Mitchell & Green, 2007). Some participants were aware that infertile heterosexual couples may be perceived to be more worthy, or more in need of a family, because of their previous plight to become parents, as Elliott’s

account demonstrates: *“why would you help a gay couple who have just come to it fairly, relatively easily versus a couple who have had all these years of heartache”*. Yet, the participants in the current study had spent an average of 5.7 years pursuing parenthood; not an insignificant duration of time. Moreover, as the number of gay men seeking surrogacy started to rise, surrogacy services and fertility clinics actively marketed their surrogacy provision for the gay community. This does not necessarily reflect a change in attitudes towards same-sex male families, or gay men’s use of surrogacy, but may illustrate an opportunity to tap into a profitable business venture. By targeting a new client group of users by who can pay (Mamo, 2007), institutional boundaries seem to have shifted, enabling men to transgress the boundaries which previously disempowered their access to surrogacy.

Whilst participants’ experiences with surrogacy organisations and fertility clinics varied, the majority of participants whose surrogate delivered their baby in the UK, reported negative experiences within maternity services. The participants accounts suggest that maternity staff may be experienced in supporting heterosexual women who are delivering their own child, but caring for a pregnant woman who would be relinquishing the baby to a gay male couple appeared completely at odds with their practices aligned to woman-centred care; the concept underpinning UK maternity practice (RCM, 2014; NICE, 2017). Gay men were equally strangers to this procreative realm, and were trying to find a space as ‘birth partners’ which did not fit with the more traditional model of the pregnant woman having her partner with her for support. So rather than two people at the birth, in these situations, four people may be at the birth, which seemed to stretch the boundaries of maternity service practices.

Participants reported that maternity staffs were inflexible in meeting the unique requirements of surrogacy arrangements, and there was a lack of up-to-date surrogacy policies and procedures. This resulted in negative experiences for many men and their surrogates, and also appeared to leave maternity staffs in a quandary as to where their roles and responsibilities lay in such scenarios. The absence of a contemporary and universally accepted surrogacy policy within maternity services seems to have resulted in healthcare staff reverting to traditional practice, and unsubstantiated views and socially

accepted preconceptions, to justify their reactions to these surrogacy cases. Several men highlighted that some midwifery staff questioned whether their own involvement in a surrogacy case was legal, whether the men were coercing the surrogates to hand over her child, as well as assuming that all surrogacy arrangements required automatic referrals to the hospital safeguarding team. Many participants reported that they, and their surrogate, had needed to educate healthcare professionals about the practicalities and legalities of surrogacy arrangements in order to challenge these institutionalised micro-aggressions endorsing heteronormative and gendered practices. This education is important as behaviour is not exclusively determined by social structures (Connelly, 2000; Lewis, 2000); healthcare professionals must be able to reflect upon and change their practice to meet the individual needs of the clients in their care (Nursing & Midwifery Council, 2015; Fish & Evans, 2016) in order to break constraining institutional boundaries.

Maternity staffs' lack of knowledge and understanding of surrogacy arrangements often resulted in poor experiences for both the men and the surrogates due to staff being unsure how to manage the needs of both parties. Men were not always viewed as the legitimate parents, and sometimes denied access to the child or to important information. One of the main problems seemed to relate to where two men should be housed within the delivery suite and postnatal ward, as having men staying overnight on what was perceived as a female domain, was seen by some midwives as unorthodox. This location dilemma very often resulted in men being accommodated in the bereavement room. Such micro-aggressive actions and attitudes serve to reinforce images of gay men as deviant, or unfit to be parents (Hicks, 2006a; Wells, 2011), and uphold heteronormative views about parenting, gender and sexuality.

Staffs' perceptions and attitudes also left several surrogates in unfavourable situations, with some midwives assuming the surrogate would automatically take care of the child after delivery or in situations where midwives made subtle attempts to promote bonding between the surrogate and the baby, due to ill-informed concerns that these women were being coerced to relinquish their child. Previous research, as outlined in Chapter Three, highlights the importance of involving men as fathers early on in pregnancy, to not only strengthen the intended parents' identification with the pregnancy, but also to facilitate

the surrogate's efforts to distance herself from the child (Habib & Lancaster, 2006; Teman, 2009; Premberg et al., 2011). The lack of insight from maternity staff serves to (re)emphasise misinformed assumptions that surrogacy means 'mothers' are giving up their own babies, which inevitably leads to concerns about vulnerable women and potential exploitation (Horsey, 2016).

The men's accounts outlined in Chapter Seven clearly indicate how the participants' experiences were influenced, and to an extent dictated, by institutionalised boundaries. Gate-keeping processes and personal biases of individuals working in surrogacy organisations, fertility clinics, and maternity services appear to hamper men's parenting aspirations and add another layer of complexity requiring negotiation. Men sought opportunities to exert agency by negotiating these institutional boundaries in order to change and challenge dominant discourses relating to who can be recognised as family. At the same time, some of the professionals they interacted with during their surrogacy journey sought to reinforce these ideologies. Micro-aggressions are linked with societal biases and have a cumulative negative impact on the psychological well-being of those facing such actions (Platt & Lenzen, 2013). Many men in the current study reported additional stresses of having to balance their determination to challenge why these services were not equally available to same-sex couples, with the risk that this would alienate these service providers, possibly jeopardising their chances of creating their family. Surrogacy was not only a complex path to parenthood but a very precarious choice, with these experiences serving to restrict the men's level of agency and reinforcing their marginalisation within the procreative realm. The men in this study were required to perform overt, proactive procreative responsibility in order to challenge these institutional boundaries and present themselves as legitimate parents to key professionals involved in their surrogacy journey.

8.5.3 Social Boundaries

Social boundaries are shaped by context, cultural traditions, and narratives that individuals have access to (Lamont, 2000). Cultural norms link parenting and procreation to gendered difference, and more importantly to difference founded on heterosexual relationships

(Weston, 1991: p174). Social boundaries in the context of this study, refers to the social privileging of heterosexuality and the highly gendered and deep-seated discourses relating to parenting. Gay men becoming parents via surrogacy implicitly challenge normative gender, sexuality, reproduction, and family ideologies. This section of the chapter will examine the intersection of gender and sexuality as a social boundary, and the ways in which gay men must negotiate and circumvent these cultural discourses to be recognised as legitimate parents.

Rothman (2005: p5) claimed that:

“If you are an ordinary family, i.e., heterosexual, two-parent, biologically related family, you do not have to think about presenting yourself; you do not think about how you construct the family, weave the relationships between the various parts, and present the seemingly solid fabric of your lives to the world”.

Whilst heterosexual families created via surrogacy challenge dominant discourses of ‘what is a family’, they may still be able to display their family as a ‘traditional’ model, consisting of a mother and a father. Two-father families transgress the same traditional assumptions about gender, sexuality, reproduction and family as lesbian mothers, but evidence suggests that men are creating and nurturing their families within a broader social context that distrusts and often denies their ability to do so (Wells, 2011). Surrogacy families headed by two men visibly emphasise their digression from the normative heterosexual family ideology and accentuate the absence of a female parent. Stereotypes of maternal gay men as paedophiles, and gender deviants can negatively impact on both public perceptions of gay parents, as well as men’s procreative desire (Hicks, 2004a; Berkowitz, 2007). Men’s procreative consciousness and procreative responsibility does not emerge in a social vacuum. Micro-aggressions based on assumptions of abnormality (Sue, 2010) serve to question men’s parental intentions, and present an additional gendered layer of tension and apprehension that does not exist to the same extent for lesbian women.

Despite a move towards men being more involved as parents (Pleck & Pleck, 1997), fathers primary responsibility is still that of the family’s provider, as societal assumptions view men as secondary caregivers and essentially unfit to raise a child (Berkowitz & Marsiglio,

2007). Fathers are often viewed as a “shadowy figure at best, difficult to understand and typically unavailable” (Daly, 1995: p21). Gay men seeking surrogacy contest and challenge these heteronormative ideas about parenting and the implicit view that parenting is the natural realm of women and assigned as women’s work. Hicks (2006a: p99) asserts that as men, gay men are not usually seen as the natural carers of children, and, as gay, they are not seen as natural parents. Gay fathers face both gender-based sexism that presumes men are unable to nurture children and homophobia that assumes gay men are child abusers (Lev, 2010).

Biblarz and Stacey (2010) posit that claims that children need both a ‘mother’ and a ‘father’ are rooted in essentialist assumptions that these are gender-exclusive roles. Children parented by men are thought to be affected by a lack of “mothering”, suggesting that nurturing is an innate skill which only women possess (Lev, 2010). These gender-role expectations and characteristics form social boundaries, often used by dominant groups to marginalise other groups and block their access to resources (Tilly, 1998), and result in those contravening such restrictions being stigmatised (Epstein, 2004). In the current study, micro-aggressions relating to endorsement of heteronormative culture and behaviours (Sue, 2010) were evident from Ethan’s account in which someone asked him *“who plays the mothers role and who plays the fathers role”* and his response being: *“we both play the parent role”*. Equally, Oliver and Vincent recalled how, despite their families supporting their decision to become parents, their own mothers still questioned whether two men were capable of bringing up a child.

In his study of reforming lesbian kinship, Hayden (1995) suggested that it was the existence of the second same-sex parent that was most significant to others. The two-father surrogacy family model transgresses further from the normative family ideology, because of its absence of a female within the family home. Consequently, lesbian families may be viewed more favourably than families headed by two fathers, because there are two *mothers*. The families in the current study have a second father who is neither de-emphasised nor de-gendered; not a substitute for a mother or a gender-neutral parent (Hayden, 1995: p46-47). It may be this declaration of procreative agency and disruption of gendered parenting expectations which creates the procreative boundary and subsequent

challenges for men pursuing surrogacy, because as Strathern (1992a: p12) postulated, it is “inconceivable to Euro-Americans that a child could be born motherless”.

In contrast to historical perspectives on fatherhood and father roles, the data from the current study challenges prevailing assumptions about men and fathers and normative social boundaries that constrain men’s procreative consciousness and responsibility. The increased visibility of gay father families may help to break down social boundaries based on traditional gendered family role expectations. Applying a critical kinship diffractive lens, facilitates a decentering of heterosexuality as the normative family construction, enabling parenting and kinship to be imagined by who is present, rather than who is absent. This lens facilitates procreative consciousness and desire to be seen to exist beyond heterosexual individuals, and encourages parenting to be redefined and reimagined as roles based on skills and strengths rather than on gender (Goldberg, 2010; Wells 2011). Extending social boundaries to incorporate redefined discourses of performative parental roles, rather than gendered-parenting roles, may reduce micro-aggressions based on social biases and negative stereotypical perceptions of gay men as less legitimate parents.

8.5.4 Relational Boundaries

CKS depict how biological ties can no longer exclusively link who and what constitutes a family. Instead, a “reimagined kinship” model is founded upon bio and social connections (Cahn, 2013). Surrogacy demonstrates the ways in which boundaries around the normative family are becoming permeable to include a wider network of relationships. Men seeking surrogacy are pursuing parenthood within a unique relational context whereby men need to imagine and construct an image and identity of the surrogate and egg donor for their children. This appears to be more evident in same-sex male families because of the visible social reminder that a third-party had been necessary to create this family. Relational boundaries in the context of this study therefore refers to the ways in which men perceive kinship bonds and family connections, and negotiate how these relationships with egg donors and surrogates will be managed in the future.

The theme of negotiated involvement was a central feature in this study. Although nurturing an initial rapport and relationship with the surrogate was crucial in order to secure an arrangement that offered a chance of conception, building future on-going relationships were also important to safeguard potential future links for the child. The role that men wanted these third-party contributors to play within their future family was a significant consideration for all participants, and was highlighted as a key deliberation when choosing domestic or cross-border surrogacy. Commercial cross-border surrogacy was interpreted by men considering this route as equating to more readily available surrogates, intended parents having greater control over the arrangement, and no expectation from the surrogacy agency, the egg donors, or the surrogates themselves of any on-going relationship with the family. Whilst commercial surrogacy was more expensive than altruistic surrogacy, some participants, such as Kieran, and Harry and Dean, perceived the benefits of family exclusivity to justify the cost. In these scenarios, geographical distance between the parties created its own boundary by enabling those participants who did wish to maintain on-going contact with the surrogate to dictate the level of contact. There was little risk of the surrogate making impromptu visits or intruding on the family unit uninvited. Thus cross-border surrogacy, rather than being perceived to be an inhibitory geographical barrier, helped to create a desired relational boundary by not only securing family exclusivity, discussed in section 8.3.3, but by also facilitating *when* others may be included into the family unit.

In contrast, surrogacy arrangements in the UK can be either traditional or gestational; men's imageries of parenthood and family appeared to shape their decisions regarding the type of arrangement they embarked upon in a domestic surrogacy scenario. In the three cases of traditional surrogacy, participants rationalised that not only was this a simpler arrangement as the same woman donated the egg and gestated the pregnancy, but also limited the number of 'others' involved. Relational boundaries enable relatedness to be drawn up and managed; by limiting third-party involvement as much as possible, these participants perceived it to be easier to explain the role of one woman to their future child, rather than two different women as with gestational surrogacy. Despite all participants reporting a degree of anticipation regarding the impact of disclosure of their arrangement, all men planned to be open with their children about their conception, many

believing that unlike heterosexual couples utilising surrogacy, they could not hide requiring assistance to create their family. Procreative decision-making influenced what and who needed to be explained to future children, and how these third-parties would be positioned within the relational boundaries of kinship practices and “doing family” life (Morgan, 1996).

As discussed in section 8.4.1, despite the donor’s genetic contribution, she was perceived to be someone in the distance, to call upon should the need arise, rather than being recognised as requiring a role within the extended family. This relational boundary positioning may be due to the lack of opportunity to create a similar relationship with the donor as the one possible with the surrogate. It is important to note that accessing an egg donor via a UK licensed fertility clinic means these donors will be anonymous at the time of donation; their details can only be accessed by a future child when they reach eighteen years of age (HFEA, 2009). Therefore, unlike the access men have to egg donors overseas, there was no opportunity to create a relationship with the egg donor during the treatment cycle, unless, like Frank and Isaac, the men elected to use a known donor from an alternative source. Alternatively, relational distancing may suggest the donor’s genetic relatedness is more difficult to manage within the family unit. A potential relationship between the child and the egg donor may be viewed as a threat to the non-genetic father and as an invasion of the family autonomy so greatly desired, given that genetic relatedness is often given primacy in family relationships (Freeman, 2014). Although men were planning to disclosure information about the egg donor to their child in the future, the majority of participants described this as happening via imagery and narrative rather than a face-to-face family involvement, ensuring a carefully orchestrated explanation by the men. This implied distinctive layers of relational disclosure recognises and values the egg donor as an important contributor to the family, but renders her estranged in terms of a visible social relationship.

This controlling of relational boundaries results in the donor gaining significance within the family, not through her direct involvement as a person, but through her ability to provide biogenetic information relevant to the child; biogenetic substance itself becomes the object of importance, separate from the identity of the donor (Schneider 1980). This

importance placed on biogenetic substance is further emphasised in the example given in section 8.4.1 where some participants, such as Elliot and Flynn actively sought to use the same egg donor to create future siblings. This suggests that the ideal for these participants was for their family to be genetically related in some way. Although same-sex couples can never be biologically linked to the child in the same way that heterosexual couples can, men devised their own ways of creating a connected family unit. The fluidity of relational boundaries permits biogenetic contributors to be actively welcomed in, or deliberately left out, as specific aspects of kinship are being enacted.

By obscuring the donor's involvement, this second genetic parent space can be filled by the non-genetic intended parent so he can visibly be seen (Nordqvist, 2010). In addition, by creating ways of adding extra value to his role, such as taking on the primary caretaking responsibilities, he can reinforce his position in the family unit. The implications of "genetic asymmetry" has been explored in studies on lesbian families, to examine how families make sense of the roles of the donor as the "missing piece" and the non-genetic parent as the "extra piece" (Ehrensaft, 2008: p175). Nordqvist's (2012) study of lesbian women using donor sperm to create a pregnancy, reported that by strategically reimagining kinship, the donor 'disappears' as a person, as someone related to the child, and as a potential parent, and thus vanishes as a potential threat to the same-sex family unit. This blurring of relational boundaries facilitates a reimagined family image in which the child unequivocally belongs to the two-father family. Nordqvist (2010) posits that the desire for family resemblances involves two intrinsically linked ideas of connectedness and disconnectedness.

Fertility clinics' preferences both in the US and the UK for offering gestational surrogacy rather than traditional surrogacy (Perkins et al., 2016; Norton et al., 2015), may have repositioned the role of the surrogate within surrogacy families (Murphy, 2015). The findings from the current study suggest that the surrogate's role in bringing the child into being supersedes the egg donor's genetic connection as the privileged indicator of relatedness. This privileged position of the surrogate can also be seen as a way to offset cultural perception that social kinship bonds are 'weaker' than biogenetic ones (Nordqvist, 2010). Domestic surrogacy arrangements facilitate the opportunity to foster close

relationships as surrogates and intended parents can maintain direct contact during pregnancy (Jadva et al., 2012). The ethos of the UK surrogacy organisations is a relationship built on friendship rather than a business type relationship which may be terminated once the child is born. Some participants' accounts, such as Isaac's, suggest that during the pregnancy a relationship not only developed with the surrogate but also with the surrogate's partner and children, broadening the relational boundary to imagine an extended family connection. Equally, some men, for example Elliott and Flynn, commented that contact with their surrogate after the child had been born was more frequent than either party had initially anticipated.

This initial level of contact may reflect the depth of these relationships following a shared procreative experience, or a strategic move to ensure a smooth transition period from the birth to the granting of the Parental Order, transferring legal parental rights to the men. After all, as outlined in Chapter One, legal boundaries imposed during the first six month's postnatal period caused a relational and legal limbo for all parties involved; men were caring for the child in their own home but in accordance with UK law, parental rights were still with the surrogate. All the participants reported a level of consciousness of the fragility of their arrangement, and an unspoken realisation of the power imbalance between themselves and the surrogate at this time. The surrogate could withdraw from the arrangement at any time, leaving the intended parents outside of the relational boundary and unprotected within UK law. The findings show that contact with the surrogate dwindled over time and tended to centre on birthdays and holiday times, or involved exchanging cards, emails or photographs, as also reported in other studies (Murphy, 2013; Jadva et al., 2012). This may correspond with the achieved legal exclusivity of the family unit, enabling the men to affectionately describe the surrogate (and her family in some cases) as a permanent part of their family, albeit in an extended family role. Relational boundaries appear to be fluid; with these boundaries being broadened to incorporate more contact with the surrogate and her family if desired, and narrowed over time to draw a tighter boundary to secure family exclusivity.

A high level of planned openness and disclosure was reported in the present study; all the participants were planning to tell their children about their conception. Whilst some men

planned to, or in Kieran's case had already explained the surrogate's role to their children as "daddy's friend who helped him have you", the majority of participants had already or planned to designate the surrogate as an "aunt". In fact, some of the older children who were present during the interview talked openly about "auntie [name] who carried me in her tummy". This title of "aunt" suggests the family involvement of a close, but not necessarily immediate relative, thus allowing a sense of relational distancing to maintain the autonomy the men desired. Since, in the majority of cases the surrogate was not genetically related to the children, the men seemed able to describe a sense of closeness and imagine a way of her maintaining a distant yet caring relationship towards the children. Although cross-border surrogacy removed any obligations for an on-going relationship with the surrogate, in two of the four cases of overseas surrogacy an on-going relationship had been maintained with the surrogate. This may be a way of the men performing procreative responsibility so the child had access to this woman in the future should they wish to get to know her. However, this does not explain the greater relational distancing of the egg donor.

There has been previous debate surrounding the on-going relationship between the surrogate and the surrogacy-created family. Whilst contact with the surrogate may enable children to learn of their origins, it has been suggested continued contact with the surrogate may undermine the relationship between the parents and the child, although these concerns are largely based on heterosexual mothers, rather than fathers in gay father families (Blake et al., 2016). A few studies have reported positive relationships during the pregnancy and immediately after delivery, between gay fathers and their surrogates in Spain, Italy, and the United States (Greenfeld & Seli, 2011; Smietana et al., 2014; Blake et al., 2016; Carone, Baiocco & Lingardi, 2017b). Studies suggest that where contact ceases completely, this is usually in contexts where policies do not encourage or facilitate contact between parties, or due to socioeconomic and language barriers, for example where surrogacy has taken place in India (Pande, 2010; Ziv & Freund-Eschar, 2015). However, it remains unknown whether children born into same-sex surrogacy families will desire more future contact with the surrogate or egg donor than those children born into heterosexual surrogacy families who have a social mother, or whether

children will be told who their biological father is at some stage, and the relational implications of this disclosure.

The findings from the current study suggest that relational boundaries can be stretched or patrolled, depending upon the level of exclusivity the men desired. This reimagining of kinship is orchestrated by assembling and foregrounding some aspects of parenthood, such as parental intention, and gestation, whilst marginalising others, such as gametes and biogenetic links (Thompson 2005: p145). Individual families are being created from unique sets of kinship relationships, conceptualised in terms of mutual respect, appreciation, affection and friendship, rather than their relatedness to one another.

8.5.5 Legal Boundaries

Legal boundaries, as explored in this thesis concern the ways in which family relationships are recognised within the UK legal system. Notable changes in legislation within the last two decades have removed some of the structural barriers to parenting routes for gay men, such as the introduction of the 2002 Adoption and Children Act and the 2010 Equality Act Regulations. The diverse range of contemporary family forms changes and defines the meaning of family, but also raises questions about who are the legal parents of the child; biology alone is insufficient to answer that question. Surrogacy has various permutations; simply knowing a child was produced through surrogacy reveals nothing about the genetic ties to either the intended parents or the surrogate (Hofman, 2009: p451), or who has parental rights for that child.

Gay men may perceive themselves be the 'real parents' of the child conceived via surrogacy, having taken steps to bring the child they intend to raise into the world, and one of the men in the same-sex relationship being the genetic father. However, these men are not automatically deemed the legal parents within UK law. Legal boundaries dictate that intended parents are only recognised as legal parents following a surrogacy arrangement after applying for and being granted parental rights by the courts. As discussed in Chapter One, currently under UK law, the woman who gives birth to a child is the legal mother, whether she is genetically related to the child or not (HFE Act, 1990:

section 27: p1). Men using ART, as well as those men opting for traditional surrogacy involving informal artificial insemination, face similar legal boundaries because their paternity can be challenged. Statutory and case law favours a presumption of paternal rights for men married to women. This exclusionary micro-aggression reflects the social landscape at that time, and the entrenched societal bias that heterosexual relationships are the norm. This existing presumption of parentage in English Law means that if the surrogacy relationship breaks down, the surrogate and her husband retain legal parentage. This results in the genetic father being viewed as a sperm donor in the arrangement rather than the father (HFEA, 2009). In accordance with the HFE Act, a donor has no legal responsibility or rights towards the child; rules designed to override biology in cases of gamete donation (HFE Act, 2008). This lack of legal protection afforded to gay men makes surrogacy a precarious route to parenthood, and strengthens the growing need to review the antiquated and restrictive UK surrogacy laws to facilitate a more streamlined transfer of parenthood.

As discussed in Chapter One, surrogacy agreements are unenforceable in the UK; gay men will not have any statutory protection in defending themselves should the surrogate challenge parental custody. The surrogate has the choice of honouring the contract and transferring her parental rights to the commissioning couple, or breaking the contract and keeping the child herself. The participants in the current study were conscious that the surrogate could renege on her previous agreement to relinquish the child, and lived through nine months of pregnancy with the uncertainty of whether the surrogate would continue to support this arrangement. Whilst disputes with surrogates in the UK are reported to be rare (Prosser & Gamble, 2016), there was an element of fear of this potential and an associated feeling of lack of control, with participants reporting having to rely on faith and trust in their surrogate.

The UK legal boundaries also impact upon men's parental decision-making authority. Despite the participants undertaking the parental role by caring for the child in their home directly from birth, legally they have no parental rights. The surrogate remains legally and financially responsible for the child and has the authority to make decisions about the child's care. Current UK surrogacy laws also fail to support both surrogates and

commissioning parents, or take account of the welfare of the child should unforeseen predictable situations occur during the surrogacy journey and up until a Parental Order is granted, such as a couple separating or one parent dying unexpectedly. Men's tenuous parental position is foregrounded by the law which allows the surrogate to change her mind about relinquishing the child, until a Parental Order transferring legal parental responsibility to the intended parents is granted under section 30 of the HFE Act 1990 (Horsey, 2016).

Parentage in relation to surrogacy is not a straight forward or automatic right as it would be with heterosexual biological sex; parenting rights and responsibility following surrogacy involves several layers of "doing family" (Morgan, 1996; p1999) that extend beyond one male partner's genetic connection to the child. This ranges from extensive planning of ways to conceive, to the practical day-to-day displaying of family (Finch, 2007), to gaining recognition of their desired family exclusivity. Participants' surrogacy journeys go beyond the birth of their child; the journey is only complete when both men have equal recognition as legal parents of the child. Although this legal boundary relating to parental responsibility applies to all intended parents pursuing parenthood via surrogacy, it is important to reiterate that it was only the introduction of the 2010 Parental Orders Regulations that allowed same-sex couples to become eligible to apply for a Parental Order. Whilst these regulations represent a significant move away from the heteronormative foundations of the HFE Act 1990, gay men may still face an additional layer of scrutiny should the surrogate negate on relinquishing the child and custody is challenged in the courts. Such court judgments will assess what is in the best interest of the child, and heteronormative discourses which affirm the legitimacy of 'natural' heterosexual care, and the need for a "mother" in the household, may devalue gay parents (Wells, 2011). Although such overt discrimination may be unlikely, it adds another layer of uncertainty for men pursuing surrogacy. Such micro-aggressive messages endorsing heteronormative behaviour (Sue, 2010) are derived from limited discourses about sexuality and parenting, but caused real concerns for some participants as Robert's account clearly demonstrates: 'a woman who has got two other kids and is giving it to two guys who have never had a kid, we wouldn't have got the baby [if she challenged

custody].... I know for a fact we would never get anywhere, she is 24, two children already, that child would be with her’.

It has been suggested that this legal uncertainty and lack of a regulated framework for surrogacy within the UK may be fuelling an increase in gay intended parents travelling to countries with well-established commercial surrogacy programmes, enforceable surrogacy agreements, and less restrictive legal requirements (Gamble, 2012; Prosser & Gamble, 2016). However, as outlined in section 1.2.3, cross-border surrogacy may present other legal boundaries, especially in relation to the interaction of UK and foreign law, immigration and citizenship (Zanghellini, 2010, 2011). Concerns have been raised regarding couples stranded abroad facing complicated legal processes, with a child who is ‘stateless’ and therefore unable to obtain a passport, and legally ‘parentless’ (Gamble, 2012).

The increasing numbers of high-profile surrogacy cases challenging UK surrogacy law serve to illustrate ways in which current legal boundaries inhibit intended parents being acknowledged as the legal parents and fail to protect the best interests of children born through surrogacy. Judges are currently constrained by the two-parent paradigm doctrine to “fit” these new families into old moulds (Jacobs, 2007: p310). These landmark court decisions may help to stretch the currently restraining legal boundaries, as the image and definition of family change, both conceptually and legally.

In summary, although the landscape of social, legal and technical possibilities has opened up new avenues of parenthood for gay men, those men pursuing surrogacy must still negotiate a range of procreative boundaries to achieve their parenting goal. This boundary work illustrates how procreation for gay men is complex because of the multidimensional components involved in surrogacy and the range of stakeholders gay men interact with during their journey. The study findings suggest that men chose to confront some of the procreative boundaries and micro-aggressions they faced, despite this potentially jeopardising their chances of becoming a parent, whilst at other times appeared to accept the reality of these boundaries, to a certain degree, and attempted to work with them.

8.6 Complexities

Whilst the three domains of procreative consciousness, procreative responsibility and procreative boundaries have been discussed individually for ease of reading, these domains are interdependent and interconnected, generating multi-layered, rich, textured sociological understandings of gay men's lives. Participants' accounts are frequently more complex and "messy" than the way in which they are reported. I will use the following excerpt (previously cited in Chapter Five) from Charlie's interview to demonstrate the often complex and contradictory accounts that participants gave about their experiences:

"We're expecting more [negative reaction] as he grows up. I'm not a pride flag blowing look at me, I'm gay and proud type person, but in the same respect I am also not ashamed of who I am and my family, and I will be damned if I'm going to let my child be treated less than because of the lottery of life that he has ended up with gay dads". (Case1 Charlie)

Charlie's comments relating to how his child "may be treated less than" because he has gay fathers features in different ways throughout his account. Charlie seems to anticipate a level of social stigma associated with his family being valued less favourably than the 'traditional family'. This public gaze on same-sex male families (Riggs, Bartholomaeus & Due, 2016) appears to pressure gay men to question whether fulfilling their desire to become parents would be detrimental to any child/ren's well-being, and also raises concern about how other people may treat their children in the future. Whilst on first examination the comments may seem to refer to his expectation of a heterosexist societal gaze, Charlie makes several references to different people with whom he and his family may engage or interact where this wasn't borne out in reality. Earlier in his interview he reported expecting negative reactions to his disclosed desire for parenthood and a lack of support or a level of micro-aggression from UK healthcare professionals following his surrogacy arrangement in the US. Yet, despite this anticipated negative response, he reported that these reactions *"just haven't been forthcoming"*. In fact he stated that he had not received any negative comments *"from family or any UK health professional"* and described his health visitor as being *"marvellous"*. However, Charlie later commented that:

"I had concerns around how if the baby was biologically mine, how his [partner's] parents and family would feel about that baby; and to a large degree I probably still have some of those reservations". This contradictory statement is also interesting because his account is peppered with aspects of *actual* but also, more frequently, *anticipated* negative reactions. The quote above highlights a level of anticipated stigma demonstrating that Charlie perceives social stigma around gay men and fatherhood to still exist, and that men may encounter problems and boundaries beyond the experience itself.

The negativity he had been awaiting had actually come from his close gay friends, who made it clear that whilst he was still welcome at their home, his son was not welcome "until he can eat at the table and knows how to use the toilet properly". His particular social circle was not inclusive of children. In stark contrast, Charlie reported that his parent identity was acknowledged and authenticated at the local mother and baby group. Although he describes himself as being "an anomaly" within this group, this related to him being the only male parent in the group, not because of his sexual identity. However, Charlie chose to "come out quickly" to these mums, to ease an anticipated "tension and awkwardness". Again, this refers to Charlie's anticipated negativity.

These contradictory and messy accounts demonstrate that whilst some of the procreative boundaries referred to in this chapter may be becoming permeable, and men are able to enact procreative responsibility in order to gain access to the procreative realm, their father identity may marginalise them within other more familiar "spaces". Prejudices, micro-aggressions, and stereotyping may exist in different communities, resulting in men experiencing rejection and discrimination from their gay peers who are not fathers, as they view children as restricting freedom (Mitchell & Green, 2007). Such situations may serve to relocate gay fathers into more child-friendly "spaces". This example illustrates that rather than the procreative domains of consciousness, responsibility, and boundaries being viewed in a linear mode, these domains intertwine, to generate rich, complex understandings of the ways they shape men "doing" family and help to unravel the social influences that are inextricably woven into the complexity of men's lives.

8.7 Conclusion

This chapter has discussed the complex ways in which gay men's procreative consciousness, procreative responsibility, and the introduction of a new concept of procreative boundaries, interconnect and limit and influence one another. Men's procreative consciousness and procreative responsibility can only be actualised by navigating and negotiating a series of procreative boundaries, and the ways in which this power is enacted to construct and uphold sexuality, gender and parenting hierarchies. The lack of social scripts means men must fill a series of "empty spaces" by creating new relational possibilities and opportunities (Hicks, 2006b). The findings from this study add new insight into the ways that gay men respond to procreative boundaries which are fixed and constrained by social structures, and work creatively within, and re-negotiate more fluid boundaries, to help redefine and reimagine parenting and kinship. This reimagining is shaped, facilitated, or constrained by the people they interact with, and other influences such as institutional structures, societal heteronormative views on parenting, complex relational dynamics and UK legalities.

Viewing gay men's use of surrogacy to become parents through a CKS lens advances theoretical understanding of how these men negotiate heteronormative discourses associated with family and kinship, and gendered norms associated with parenting, allowing us to question the limitations of existing perspectives and progress new modes of thinking. Recent marriage equality policy means the number of gay men creating families through ART is likely to rise. Gay families created via surrogacy display many of the social changes and shifting attitudes that have transformed family and personal life over the last decade. Offering an original contribution of data, this thesis broadens and challenges cultural images and meanings of family and fatherhood in contemporary society. As Elliott articulated during his interview, "*familiarity breeds acceptance*". So when what was once considered strange, can now be rendered familiar, and when difference can be incorporated into logic of sameness, this functions to construct as well as to exclude (Riggs & Peel, 2016: p17). These changing perceptions need to be nurtured in order to positively shape gay men's procreative consciousness, reproductive decision-making, and parenting experiences for the future.

The next and final chapter presents the conclusion to the study and provides some recommendations for healthcare policy and practice and further research in this field.

Chapter Nine – Conclusions and Recommendations

9.1 Original Contribution to Knowledge

The overall aim of this study was to explore the motivations and experiences of gay men, who reside in the UK, and have pursued, or were considering pursuing parenting via surrogacy. This research also sought to identify the key stakeholders involved in the process and the roles they play in facilitating or limiting men's use of surrogacy. The study offers detailed and original accounts of the ways in which men's procreative consciousness may be shaped in accordance with a changing landscape of legal, social and technical possibilities, how these men frame their desire for parenthood through surrogacy, and how they enact procreative responsibility whilst remaining constrained by procreative boundaries beyond their control. This study contributes new understanding about what it means to be a gay man achieving parenthood through surrogacy and presents previously unknown socio-demographic characteristics on men who pursue this parenting path. This chapter presents a summary of these findings, discusses their implications, and highlights the original contribution to knowledge made in this thesis.

This study contributes to the literature on CKS by offering new theoretical understandings of the ways in which kinship is desired, pursued, and enacted amongst gay men seeking surrogacy, and how the changing social, technical and legal landscapes within the UK have shaped and contextualised men's understanding of kinship possibilities. These research findings illustrate how gay men's use of surrogacy situates kinship within broader social relations and underlying social structures which expands our understanding of parenting relationships and practices, allowing for a re-imagining of parenthood (Haraway, 2004). In surrogacy arrangements, kinship cannot be understood in terms of the assumed relationships established by birth. Instead, kinship can be reconceptualised in terms of a wider network of kin relationships by marginalising biogenetic links, and foregrounding social kinship and intentional shared parenting. CKS brings together individual motivations to parent and contextualises broader social relations of inequality, heteronormativity, and micro-aggressions.

Employing concepts of procreative consciousness and procreative responsibility (Marsiglio, 1991) allows an exploration of the ways in which men realise their procreative potential, the situational influences which facilitate or constrain this expression, and ways in which men enact their procreative responsibility and decision-making. This study has provided new insights into men's procreative desire that challenges previous perceptions that women are the ones who drive and pursue parenthood, and fathers are the less involved and less nurturing parent (Dermott, 2008). Instead this thesis has shown that desire for, and motivation to parent is not confined to heterosexual individuals, or lesbian women. Many of the participants expressed their desire to parent as "innate" and reported knowing for many years that they wanted to be parents. However, for some men this procreative consciousness was suppressed by the social and legal landscape at that time. Chapter One, outlined how the changes to UK surrogacy law, specifically the Parental Order application eligibility criteria, may have triggered some men's consciousness and readiness to pursue surrogacy. Whilst structural and cultural shifts acted as specific 'turning points' (Marsiglio & Hutchinson, 2002) enabling some men to see parenthood as attainable, others reported similar indicators of their readiness to parent as those of their heterosexual counterparts, such as age, relationship stability, and having children being the next logical step in that relationship.

It has often been assumed the primary reason for gay men opting for surrogacy is driven by their desire to have a genetic link to the child (Murphy, 2015), which alternatives such as adoption did not facilitate. However, whilst this link was important for some participants, what appeared to take priority, and has been under-reported, is the importance these men placed on family autonomy and exclusivity, which other parenting options, such as co-parenting did not offer. Men's imagined families appear to incorporate traditional values of a nuclear family model with two parents, equally recognised, living in the same household with children genetically related to each other; albeit in a new configuration. Family exclusivity meant men could be the primary parents rather than having to negotiate access to their children; similar in some respects to the heteronormative nuclear family. This suggests that men construct their procreative identity within a culture that privileges heterosexuality and a context of heteronormative assumptions about gendered parenting norms. The participants were striving to create

and configure a family under their own terms, with as little “third-party interference” as possible. Simultaneously, men were mindful of societal stereotypes of men as inept nurturers and caretakers (Goldberg 2010) and the persistence of views of gay men as deviants (Berkowitz, 2007).

In contrast to Marsiglio’s (1991) original work with young heterosexual men, findings from the present study suggest that gay men must perform *proactive* rather than *reactive* procreative responsibility, in order to gain access to the procreative realm. The men’s accounts reveal surrogacy to be a multi-faceted and challenging route to parenthood due to the complexity of such arrangements, rather than necessarily issues relating to sexual identity. Men in this study had spent an average of 5.7 years pursuing their desire to become parents, and engaged in multiple surrogacy arrangements over several years in both the UK and overseas. Surrogacy was reported as deliberate, precision planning, but a less socially scripted process. The participants were explorers “blindly” leading the way and navigating an unfamiliar procreative realm; echoing previous research on gay men and surrogacy (Berkowitz, 2007; Murphy, 2015).

Changes in UK legislation opened doors to UK surrogacy organisations, which in turn increased men’s opportunities to meet surrogates willing to help them become parents. Previously, little was known about surrogates’ views on helping gay men to become parents and whether these men would be able to ‘compete’ with heterosexual couples who may have experienced several years of unsuccessful infertility treatment. This suggests a perceived parental hierarchy, whereby not only heterosexual marriage, families and parenting is privileged, but also infertile heterosexual couples may be perceived to be more worthy of assistance. However, data from both the men’s interviews and the key stakeholder interviews suggest that surrogates were keen to work with gay men, who they perceived to not have the ‘emotional baggage’ that was often associated with female intended parents. Consequently, men found it easier than anticipated to meet potential surrogates. The challenge was finding the “right” surrogate to facilitate a positive enduring relationship; one which could be nurtured to ensure the baby was relinquished after delivery. Confirmation of having found the “right” surrogate was based on a “sense of chemistry” or connection the men felt at the initial meeting.

This study advances theoretical understanding by creating a new domain of “procreative boundaries”, which extends the original and more individualised categories of procreative consciousness and procreative responsibility. This new domain situates men’s decision-making in a social and cultural context to identify and acknowledge the confines in which these men’s procreative consciousness and responsibility are shaped, enabled, and enacted. This domain highlights the unique procreative boundaries that men face when opting to pursue surrogacy to achieve parenthood, which may remain largely invisible to other intended parents accessing assistance in creating a family. The lack of insight into the ways in which institutions shape the construction of gay planned families has been previously highlighted (Berkowitz, 2007). The current study provides important and novel detail about men’s interactions with a range of stakeholders involved in surrogacy practice and in doing so advances our understanding of how procreative boundaries, namely, institutional, social, relational, and legal boundaries, and associated micro-aggressions reflecting endorsement of heteronormative culture and behaviours (Sue, 2010) manifest within the procreative realm. Men must navigate, negotiate, and overcome these boundaries, which may accentuate existing inequalities for gay men to create their families.

This study provides an important advance in both fertility nursing and LGBT nursing scholarship by offering novel and critical insights into the experiences of prospective parents involved in a surrogacy arrangement, and more specifically, gay men’s experiences within fertility and maternity services. The limited literature on the needs of sexual minority people in nursing may inhibit nurses’ ability to develop a level of cultural sensitivity and advocacy needed to ensure high quality, person-centred care. While some nurses report not needing training on LGBT issues because they “treat everyone the same” (Beagan, Fredericks, & Goldberg, 2012), significant disparities for LGBT patients may be missed, and practices and procedures may remain heterosexist (Eliason et al., 2009). This study adds new insights into the potential institutional boundaries that gay men face in striving for equitable and accessible care in the procreative realm, and the level and types of micro-aggressions that remain prevalent in these female dominated areas of health care practice.

The findings detail the ways in which men perceived the need to display their procreative responsibility to convey their suitability as potential parents (Finch, 2007) in order to bypass the “gate-keepers. This was particularly salient for the participants who undertook a domestic surrogacy arrangement. These “gate-keepers”, such as the UK surrogacy organisations, and staff in UK fertility clinics and maternity services, were perceived to hold the power to restrict access for those deemed less desirable parents, and thus could facilitate or prohibit men’s plans at any given time.

Despite having unique health care needs, very little research has previously addressed sexual minority peoples’ experiences within assisted reproductive services. Equally, in terms of maternity care, there is a significant lack of national guidance on surrogacy or the specific needs of sexual minority service users. The majority of participants in the current study reported negative experiences within the UK healthcare system, notably within maternity services, which was in sharp contrast to the participants reported positive experiences within the US healthcare system. These negative experiences within UK healthcare settings seem to relate to a lack of experience and knowledge of surrogacy as a form of family creation, rather than a clear form of prejudice or discrimination. Participants undertaking a domestic surrogacy arrangement needed to negotiate and cross traditional gender lines, in order to be accepted in a female dominant reproductive realm, be recognised as the real parents, and exert their agency in order to have their wishes and needs acknowledged. Participants reported having to “teach” midwives about the UK legal position on surrogacy to pre-empt staffs’ concerns and prevent any misinterpretation of the situation, such as unnecessary referrals to the hospital safeguarding teams.

On the basis of this study alone, it is difficult to be certain about the factors accounting for these institutional boundaries within the UK. However, it would seem that standardised clinical practice, limited knowledge of the UK legal situation in relation to surrogacy, and a lack of experience in such practices often resulted in professionals not accepting these men as the parents of the child in question. These boundaries seem to exceed those of other couples accessing various forms of ART to become parents, with a lack of recognition of the men’s genetic link to the child. This provides further evidence of the social boundaries of what constitutes ‘family’ and ‘kinship’ and the ways these entrenched

beliefs promote not only heterosexism, but also gender bias, still present within certain procreative realms. The two-father surrogacy family model transgresses further from the normative family ideology because of its absence of a female within the family home. The men's interactions with midwives clearly demonstrate the ways in which these interactions and experiences arise from cultural scripts and social structure, which also further constrain midwives' actions. This is important because as the landscape changes and gay surrogacy families become more visible, these procreative boundaries must be re-evaluated to ensure delivery of inclusive and personalised healthcare to meet the needs of all family configurations. Applying a critical kinship diffractive lens, facilitates a decentring of heterosexuality as the normative family construction, and a de-gendering of parenting roles enabling families and kinship to be imagined by who is present, rather than who is absent. The participants were therefore not only navigating these procreative boundaries to achieve their own goal but smoothing the path to facilitate easier access for other gay men who may wish to pursue surrogacy in the future.

The study findings also examine men's reproductive decision-making and the relational boundaries connected with surrogacy; who 'counts' as family from a societal and legal perspective. Legal boundaries within the UK acknowledge the woman who has given birth to the child as the legal mother, and her husband as the legal father, causing a relational and legal limbo for all parties involved. Intended parents have little protection within UK law, and have no legal parentage rights until a Parental Order has been granted by the court. This results in precarious parenting until these men are recognised as parents within the UK legal system. Whilst the chances of the surrogate reneging on the arrangement are minimal, there was still a level of vulnerability that after careful consideration and a lengthy journey to achieve a pregnancy men's imagined family autonomy may still be not be realised.

Additionally, men pursuing surrogacy need to imagine and construct an image and identity of the surrogate and egg donor for their children. Findings from this study illustrate the importance men afforded to both biological and social relatedness and the interchanging of these priorities during their pursuit of parenthood. Genetic relatedness was important in relation to which man would be the genetic father, and for some men, securing the

same egg donor so future siblings would be genetically related to each other. However, the egg donor's relational significance within these families appears to be through their genetic contribution rather than requiring a visible role within the extended family. In contrast, the surrogate's role in giving birth to the child appears to supersede the egg donor's genetic connection, as the privileged indicator of relatedness. These findings suggest that relational boundaries can be stretched or patrolled, depending upon the level of family exclusivity the men desired.

The identified procreative boundaries influenced men's behaviour and decision-making, and further illustrate the complexity of surrogacy as a route to parenthood. Men operated creatively within the confines of boundaries that they did not control, to problem-solve and exercise their agency wherever possible. The negotiation and crossing of procreative boundaries was crucial if men were to achieve their goal of becoming parents. However, participants identified different levels of agency dependent on circumstances and situations which they were faced with. Men needed to assert their agency and perform procreative responsibility to gain access to the procreative realm whilst being mindful that challenging these barriers may hamper their chances of becoming parents by deeming them "unsuitable" or "unfit" people to parent in the eyes of the gate-keepers. As the current UK laws offers gay men no legal protection until a Parental Order is granted, such vulnerability resulted in men often compromising their own desires to maximise their chances of becoming parents. As a result and consequence of the choices the men made and the actions they took, they were constructing and reconstructing new ways of performing their procreative responsibility to achieve their ultimate goal. Changes in the concept of what is a "family" and who can be a "family" are therefore not only transforming in line with this changing landscape but also in response to gay men driving forward this reinterpretation.

The study findings have demonstrated the complex ways in which gay men's procreative consciousness, procreative responsibility, and the context of procreative boundaries intertwine and constrain and influence one another. The extension to Marsiglio's (1991) procreative identity framework also furthers understanding of boundary work by exploring this concept within a procreative context. Whilst the current study has identified and

explored four distinctive boundaries, this new procreative boundaries concept can be used as a tool to identify alternative procreative boundary categories in play within different studies across a range of diverse social contexts. For example in contrast with previous studies (Bergman et al., 2010; Berkowitz, 2013), whilst the participants did discuss the financial implications of choosing surrogacy as a parenting pathway, financial boundaries were not a prominent feature in these participants' accounts. Two-thirds of the participants in the study chose a UK surrogacy arrangement where traditional surrogacy is available, and only 'reasonable expenses' can be paid to the surrogate, both factors which greatly reduce the overall costs and which may explain this finding.

This thesis clearly identifies that the desire to parent is not confined to heterosexual individuals and supports previous research suggesting that the new generation of gay fathers have the opportunity to redefine parenting roles based on skills and strengths rather than on gender (Goldberg, 2010; Wells, 2011). ART, and more specifically surrogacy, demonstrates the ways in which boundaries around the normative family are becoming permeable, and recognises the wider construction and network of relationships making up contemporary family life. These reimagined and reconfigured ways of conceptualising family life allow for a more nuanced understanding of gay men's interactions and negotiations to create their families, and socially enacted ways of 'doing' family. By applying a diffractive lens to deconstruct the way we think about family we can move towards a new malleable image of parenting that is not restricted by mother and father roles, and images that may have once been viewed as strange may become more familiar (Haraway, 2004). However, surrogacy has been described as 'the fertility treatment that time forgot' (Horsey & Neofytou, 2015: 117) with UK surrogacy laws failing to keep up with the technological developments in medical science. The UK law regulating surrogacy is out of date and in need of reform to reflect the realities of surrogacy practices in the twenty-first century enabling surrogacy to become an easier and more viable parenting pathway for other gay men.

9.2 Recommendations for Policy and Practice

This study aimed to identify the implications of gay men's use of surrogacy to achieve parenthood for policy and practice in the UK healthcare system. The following policy and practice suggestions and recommendations have emerged from this study:

- Several men commented on the need for more accessible, impartial and accurate guidance on surrogacy as a path to parenthood. This information should be applicable for all intended parents, but to include special considerations to gay men's unique situation. This information could include:
 - A step by step guide to the surrogacy process
 - Specific considerations for same-sex male intended parents relating to the use of ART and legal parentage issues
 - Information on the role of surrogacy organisations / agencies in supporting intended parents during the surrogacy process
 - Information on how to source international surrogacy clinics / agencies for those intended parents who plan to seek surrogacy overseas
 - Clear guidance on the documents required to exit the surrogacy destination country, who to contact to obtain this information, and the possible time allowances for collecting and validating this required documentation. Guidance on how long parents such expect to stay in the overseas country in order to obtain passports and visas to be able to return home would also be beneficial, as well as practical advice on having help with childcare arrangements whilst attending these appointments.
- The above information should be located on a variety of platforms, such as general health and fertility advice websites, as well as via LGBT support sources, in order to reach a wide audience.
- Participants also recommended having access to other men's personal narratives recounting their surrogacy experiences, to provide a realistic view of what surrogacy entailed and practical advice on specific issues to be considered before embarking on

this parenting path. These narratives could be available on the information platforms suggested above. This sharing of narratives may be a useful tool for all intended parents, as well as for healthcare professionals and policy makers.

- The findings from this study support previous claims that the UK law relating to surrogacy is out of date and unclear. Comprehensive reform is needed to ensure the law is in line with current practices, to ensure all parties entering into a surrogacy arrangement are protected.
- Statutory Relationship and Sex Education (RSE) is to be introduced in schools from September 2019 (Department for Education, 2017). Staff delivering RSE in schools needs to ensure the subject content is inclusive of non-heterosexual relationships, including the different routes to parenthood, to facilitate the development of young gay men's procreative consciousness.
- This research also has implications for nursing and midwifery curricula development. Educators involved in designing curricula need to develop effective ways of teaching students about the importance of addressing the needs of non-heterosexual individuals accessing healthcare, and the importance of using gender-neutral language. Additionally, nursing and midwifery programmes need to incorporate education on the diversity of family structures and different approaches to family building, including surrogacy, to ensure that the wider context of kinship is acknowledged within clinical practice.
- The quality of patient care is dependent not only upon the efficacy of the surrogacy process but also on the expertise, knowledge and skills of the people providing it. Healthcare professionals need to develop a basic understanding of different family configurations and the key steps involved in these family creations. By reflecting upon and self-assessing their views on different family forms and care provision for non-heterosexual people, healthcare professionals can develop a critical reflexivity. This reflexivity requires professionals to confront their personal biases and address the ways in which they may convey heteronormative views and micro-aggressions relating

to parenting, gender and sexuality within their clinical practice. Personal reflection could be facilitated via clinical supervision with mentors more experienced in working effectively with LGBT people, or part of healthcare professionals' mandatory Continuing Professional Development, which is required to maintain their competence to practise.

- Healthcare providers need to revise their practice policies, standard operating procedures and practice documentation to ensure it uses inclusive language and terminology that does not assume heterosexuality or a particular family structure. Healthcare professionals need to recognise and acknowledge new constructions of kinship that have been introduced through ART and surrogacy, and respectfully enquire about the relationship of those involved in such family models to ensure the rights and needs of all parties are met.
- A contemporary surrogacy policy needs to be in place in all UK maternity units to ensure inclusive and responsive maternity care is provided for all those involved in surrogacy arrangements. This should include reference to the different types of surrogacy, the UK legal context and legal parentage, as well as care requirements during the antenatal, intra-partum, and post-natal periods for all parties involved.
- As the number of surrogacy cases appear to be increasing, policy makers need to devise a more accurate and reliable way of capturing and recording the number of surrogacy arrangements being undertaken by UK residents. This data can be used to plan future service provision and inform policy decisions, to ensure the different groups of people pursuing surrogacy to become parents are acknowledged.

9.3 Future Research Directions

This study has identified and provided some foundations on which to build further research, exploring specific aspects of the surrogacy journey, to improve the experiences of UK residents:

- Further research is needed to expand the evidence on bisexual and trans families. The new 'Procreative Boundaries' concept and examination of micro-aggressions in the procreative realm, introduced within this study, could be used as a framework to gain a greater understanding of contemporary family building.
- As global surrogacy destinations are moving in response to the implementation of new legislations, exploring UK residents' experiences in global surrogacy destinations other than the US or India may be beneficial in identifying procreative boundaries distinctive to specific jurisdictions. Equally, if domestic surrogacy is to be seen as a more viable option for men, more research is needed to identify the ways in which surrogacy provision in the UK can be enhanced to meet intended parents' needs.
- This study has provided insights into factors that influence gay men's choice of egg donors and surrogates, but little is known about how surrogates choose intended parents. Greater understandings of surrogates' decision-making about with which intended parents to work, may help men find surrogates who have similar expectations about the arrangement.
- Although opportunities to become parents are increasing for gay men, little remains known about men's experience within the procreative realm, notably fertility and maternity services. The current study has partly filled this gap by providing important insights into gay men's experiences in the fertility and maternity sectors. Further research is needed to build upon this initial data to establish how procreative boundaries are operationalised in other procreative contexts. Future research needs to be collaborative to include the "user" voice.

- More research into midwives' knowledge and experiences of surrogacy and how this aligns with current midwifery policy and practice is warranted. This evidence could be used to inform a UK surrogacy policy for maternity services, help improve intended parents' care within the UK maternity sector, and be used to structure education and support for healthcare providers.
- Research evidence is starting to emerge regarding how parenting through surrogacy impacts on children and broader family functioning. Further research is needed to expand this area of knowledge by focussing on children's experiences and perceptions of the role of the egg donor and surrogate and how children may relate to these women.
- Although evidence suggests that societal views on gay families are changing, contemporary research is needed to reanalyse societal attitudes towards surrogacy to establish any attitudinal change to this form of family building as gay surrogacy families have become more visible. In addition, research could also examine how men are perceived within gay communities; or gay communities' attitudes to parenting in general, and surrogacy more specifically, as this remains under reported.

9.4 Impactful Engagement and Dissemination with Policy-makers and Other Agencies

Some impact and engagement opportunities have already arisen from this study:

- The Law Commission of England and Wales and the Scottish Law Commission are undertaking a joint three-year project to develop law reform recommendations. The project will consider the legal parentage of children born via surrogacy, and the regulation of surrogacy more widely, and involves public consultation. I have been invited to present my research findings to the All-Party Parliamentary Group (APPG) on Surrogacy, which is being led by Andrew Percy MP. This evidence session will inform its report to the Law Commission.
- I have made contact with the Royal College of Midwives (RCM) to seek opportunities for disseminating, and building upon my research findings relating to UK maternity services. I plan to meet with the RCM's Head of Education and Learning to explore ways in which my findings can contribute to the RCM's e-learning platform (i-learn), and their plans for developing a module on surrogacy next year. I also hope to promote my research through the RCM linked journals, and to discuss the possibility of a collaborative study on surrogacy related practice.

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Appendix 1: Chronology of Changes in UK Legislation Influencing Parenthood possibilities for Gay men and Lesbian Women

TIMELINE	
1984 The Warnock Report	<p>The Warnock Committee Inquiry was established in 1982 to consider developments in medicine and science related to human fertilisation and embryology, including the social, ethical and legal implications of these technical advances. The Warnock Committee (1985: 82-86) concluded that the human embryo had a special status, entitling it to “some protection in law” and recommended the setting up of a licensing authority and some key changes to the law related to:</p> <ul style="list-style-type: none"> • A change in the law to permit the husband to be registered as the legal father • The woman giving birth to be regarded as the mother of the child • Neither sperm nor egg donors should have any rights or responsibilities towards the child • Anyone donating gametes should be unknown to the couple before, during and after the treatment • A child born as a result of artificial insemination by donor should be treated in law as the legitimate child of its mother and her husband. Where both have consented to treatment
1985 Surrogacy Arrangements Act	<p>This Act came about as a response to criticism following the ‘baby Cotton’ case, resulting in the UK becoming the first country to have specific legislation on surrogacy. The Act prohibits commercial surrogacy, limiting payments to cover only what are described as ‘reasonable expenses’, and makes it a criminal offence to advertise that you are in need of or willing to enter into a surrogacy arrangement. In the UK, surrogacy arrangements are not legally enforceable, even if a contract has been signed and the expenses of the surrogate have been paid.</p>
1990 Human Fertilisation and Embryology Act	<p>This Act makes provisions to license and monitor the performance of fertility treatment clinics, and any human embryo research. The Surrogacy Arrangements Act 1985 was amended by the HFE Act 1990 (Section 36). The 1990 HFE Act protected the common law position that the birth mother would be the legal mother, regardless of her genetic link to that child. This Act also outlined how legal parental responsibility is transferred from legal parents to the commissioning parents; introducing the concept of a “Parental Order”. A court application for a parental order has to be made within 6 months from the date of birth of the child and transfers the rights and obligations of parentage to the intended parents, providing certain conditions are met. However, parental orders could not be obtained by unmarried or same-sex couples, requiring them to undergo the adoption process for a child they may be genetically related to. Other stipulations within the HFE Act, such as only providing artificial insemination if the need of that child for a <i>father</i> was considered, meant lesbians were often excluded from accessing this treatment.</p>

1998 The Brazier Report	Professor Brazier headed the government's inquiry into the laws regulating surrogacy, in order "to ensure that the law continued to meet public concerns" (Brazier et al., 1998: i). This inquiry followed concerns expressed about the welfare of the child in such arrangements and suggestions that surrogacy was being increasingly practised on a commercial basis (Brazier et al., 1998: 3). The Brazier Report recommended greater regulation of surrogacy and the tightening of "expenses" payments made to women who act as surrogates (Brazier et al., 1998). The report also recommended that Surrogacy Agencies should be registered by the Department of Health; a code of practice should be drawn up, setting out good practice for surrogacy arrangements, which should be binding on all agencies, and the need for new government legislation. Unfortunately, these recommendations were not acted upon.
1998 Human Rights Act	This Act contains three articles of relevance to the 1990 HFE Act: the right to respect for private and family life (Article 8); right to marry and found a family (Article 12), and freedom from unjust discrimination (Article 14). Rather than indicating an absolute right to have children or be provided with the assistance to do so, the Act suggests that unreasonable obstacles should not be placed in the path of people who wish to have children (House of Commons Science and Technology Committee, 2005). Article 12 states the right to found a family, not a right to parental responsibility. This is a key issue in surrogacy arrangements as intended parents may have custody of the child but do not have parental responsibility until a Parental Order has been granted.
2002 Adoption and Children Act	The Adoption and Children Act 2002 replaced provisions to the outdated Adoption Act 1976. The previous condition that the couple had to be married was removed, thus allowing either a single person, or a same-sex <i>couple</i> to apply. This revision provided the first guarantee of legal equality between same-sex parents.
2004 Civil Partnership Act	The Civil Partnership Act was implemented in the UK on 5 December 2005. The Act enabled same-sex couples to obtain legal recognition of their relationship in the UK and the same rights and responsibilities as married heterosexual couples.

<p>2008 Human Fertilisation and Embryology Act (as amended)</p>	<p>The HFE Act 2008 reform came into force on 6 April 2009 removing the discrimination against all unmarried couples. The legal requirement to take account of “the welfare of any child who may be born as a result of the treatment” including “the need of [a] child for a father” was replaced with a new mandate to consider the child’s need for “supportive parenting”. This revised Act also strengthened the right to legal parentage following ART, including surrogacy (section 54) for those in a same-sex relationship or to two persons who are living as partners in an enduring family relationship and are not within prohibited degrees of relationship to each other. Since September 2009, female couples having a child via ART had the same rights as heterosexual couples to be shown as parents on the birth registration.</p>
<p>2010 Human Fertilisation and Embryology (Parental Orders) Regulations</p>	<p>These regulations incorporated section 1 of the Adoption and Children Act 2002 into section 54 of the HFEA 2008, resulting in the welfare of the child being the <i>paramount</i> consideration of the court when considering a Parental Order application. Subsequently, people in same-sex relationships have been able to apply for Parental Orders, allowing them to be treated as parents of children born via surrogacy. Gay couples are able to apply whether or not they are civil partners, but they must be in an “enduring family relationship”. Whilst these changes highlight a significant move away from the heteronormative foundations of the HFE Act 1990, single people remain excluded from the Parental Orders regulations; suggesting legal recognition of same-sex parenting is conditional upon such parenting being “legible as a variant of the preferred paradigm of the nuclear family” (Zanghellini, 2010: 235).</p>
<p>2010 Equality Act</p>	<p>The protection and enhancement of LGBT rights was further addressed by the introduction of the Equality Act in 2010. This Act replaced existing anti-discrimination laws with a single act to make the law easier to understand and strengthen protection in some situations. Employers must act to protect employees against harassment or bullying on the grounds of their sexual orientation, as well as age, gender, disability, race, religion, gender reassignment, marriage or civil partnership, pregnancy and maternity. Equal opportunity policies must also be modified to reflect the changes and protection given to LGBT workers, for example in areas such as carers’ leave, adoption leave, or parental leave, and the new rights acquired by those who are in a civil partnership.</p>

2013 Human Fertilisation & Embryology Authority Guidance Revised	In response to the limitations in the UK surrogacy laws, HFEA revised its guidance provided for UK fertility clinics dealing with surrogacy cases. The changes affect how clinics deal with the forms which allocate legal parenthood in surrogacy cases. In cases where the surrogate is not married or in a civil partnership, the new rules (HFEA 2013: 6G) clarify that one of the intended parents will be the legal parent when the child is born, and will acquire parental responsibility when registered on the birth certificate (something which brings the HFEA guidance into line with the approach of the family courts and register offices). Intended parents will still need to apply for a parental order after their child is born to secure their joint parentage and to permanently extinguish their surrogate's legal responsibilities. The new HFEA rules only deal with the interim position before this process is complete
2013 Marriage (Same Sex Couples) Act	The Marriage (Same Sex Couples) Act, allowing same-sex marriage in England and Wales was passed by UK Parliament in July 2013, and came into effect on 29 March 2014. Previous research (Herek, 2006) posited that same-sex couples and their children were likely to benefit in numerous ways from legal recognition of their families, and providing such recognition through marriage would present greater benefits than civil unions or domestic partnerships (Herek, 2006).
2014 The Children and Families Act	Parents of children born through surrogacy were only entitled to unpaid leave of up to four weeks and could not seek maternity, paternity or adoption leave or pay. Paid leave was left to the employer's discretion, while a surrogate as a pregnant employee would be entitled to up to 52 weeks maternity leave. Changes made under The Children and Families Act 2014, grant parents using surrogacy the same rights as those adopting children, which are broadly equivalent to current maternity and paternity leave. From 5 th April 2015 surrogate parents will be eligible for adoption pay and parental leave, including shared parental leave and the right to flexible working. The new law will apply to heterosexual and same sex couples who have a child through surrogacy, provided they intend to apply for a parental order.
2014 Parliamentary Debate on Surrogacy Reform	A parliamentary debate, led by Jessica Lee MP, addressed the need for reform of UK and international surrogacy law in order to protect families, surrogates and children. She argued that that existing UK legislation was outdated, limited, illogical in places, and difficult to apply to modern surrogacy in an international context. The government is still considering whether UK surrogacy law will be reviewed. Future revision of UK law could significantly address the number of commissioning parents travelling to less regulated jurisdictions, and the associated conflicts of law and immigration problems which result when there is a mismatch between the UK and international laws governing parentage, nationality status, and passport and citizenship requirements.

Appendix 2: Interview Schedule - Men

An Exploratory Study of Gay Men Seeking Surrogacy to Achieve Parenthood

Interview Schedule – Men

1. Motivation for Parenthood:

- Can you start by telling me about when you first started thinking about becoming a father / starting a family?
- Why did you feel this way?

2. Parenthood Options:

- What options did you consider initially? Why?
- What did you see as the benefits / limitations of these pathways?
- What was the main reason for the route you chose?
- What support did you have from family / friends?

3. Information / Support Seeking:

- How did you start organising things?
- What services did you plan to use? Why?
- UK or overseas? Why? Arrangements – Independently, via agency? Why?
- How did you feel when you first set out on this path?
- Did you have any worries or concerns at the outset? What were they? Why?
- What were your main priorities?

4. Experience and Decision-making:

- Perceptions of various parenting pathways
- Surrogacy decision-making regarding:
 - Sperm provider
 - Egg donor
 - Surrogate
- What were you looking / hoping for? Why was this important to you?
- Agreement / disagreement between partners? How did you decide?

5. Pregnancy Involvement / Experience:

- During pregnancy / birth / post-delivery
 - Feelings / concerns – What? Why?
 - How did you feel about the pregnancy / the delivery?
 - How involved were you in decisions about the pregnancy / birth?
 - How was your relationship with donor / surrogate during the pregnancy / delivery / post-delivery? What influenced the relationship?
 - What contact did you all have at what stage? Who decided this? How did you feel about this contact?

6. Taking the baby home:

- How were you feeling about embarking on parenthood?
 - Feelings / concerns relating to genetic / non-genetic parenthood?
 - What's your relationship with the egg donor / surrogate now?
 - What are / were your plans for disclosure? To who / when / why / what?

Parenting arrangements

- What are / were your plans for dividing child-care responsibilities?
- How have you found being a parent?
- How do you feel about the decisions you've made?

7. Positive / Negative Reactions / Challenges faced / are facing?

- Services / information / support
- Prejudice / discrimination
- Responses or reactions of service providers / others
- Family / friends / neighbours / work colleagues
- Why do you think these responses / reactions occurred?

8. Journey Experiences

- How do you feel about the decisions you've made?
- In hindsight, would you change anything?
- What was positive about the process?
- What was negative about the process? Did anything go wrong?
Any disagreements?
- Who do you think the important people in the surrogacy process are? Why?
- Would you have liked help / support from anyone else? Any other service? Who?
What? At what stage?
- How does your partner feel about this?

9. The future / enhancing men's experiences of surrogacy:

- Suggestions for improvements / changes to make the process smoother?
 - Law; policy; services etc?
- If you wanted another child, how would you go about it? Why?
- What advice would you give to other gay men considering surrogacy? Why?

10. Closing Questions:

- Is there anything else you want to add?
- Are you any other questions you think I should be asking men about their surrogacy journeys? What? Why? Who?

Appendix 3: Interview Schedule - Stakeholders

An Exploratory Study of Gay Men Seeking Surrogacy to Achieve Parenthood

Interview Schedule – Stakeholders

1. Can you tell me about your experiences of working with gay men / male couples who are considering surrogacy to achieve parenthood?

- Depending on role / service provided – what is the process here?

2. What type of service / support do you offer within the surrogacy process?

- What are your main responsibilities?
- How much contact do you have with gay men / male couples?
- How does this compare with the general demand for your service?

3. Do you get any sense of whether the number of gay men / male couples considering surrogacy is changing?

- Why do you think that is?
- Is that surrogacy within the UK or overseas? Why do you think that is?

4. What in your view are the motivations gay men / male couples have for choosing surrogacy to achieve parenthood?

- What in your view / experience do gay men / male couples see as the positives of this option to become fathers?

5. What do you think are the main issues (difficulties, challenges) faced by gay men / male couples considering / pursuing surrogacy?

- What do you think are the main barriers for gay men / male couples?
- Is this the same for heterosexual couples?

6. What do gay men /male couples gain from coming to you / utilising your service?

7. Are there any services / resources you would like to provide for the clients you see but currently can't?

- Why do these limitations exist?
- How do gay men / male couples overcome / address this limitation?
- If you could change / improve one aspect of the surrogacy process to make it easier / less stressful for gay men / male couples, what would it be and why?

8. What positive experiences have you had working with gay men / male couples using your service?

- Any negative experiences?

9. What is your view on the debates about people using donated eggs / a surrogate to become parents?

- i.e. Payment / exploitation issues
- Does this cause any professional difficulties for you? What? Why?

10. How do you feel about gay men / male couple's use of donated eggs and surrogacy?

11. Who do you think the important people in the surrogacy process are?

12. What is your perception of the way gay men are perceived by professionals / service providers involved in the surrogacy process?

13. What information or support, if any, do you think should be offered to gay men / male couples considering using surrogacy to become fathers?

14. Do you think the use of surrogacy in general needs to be addressed in any way by policy?

- Nationally, internationally? What? Why? How?
- What about changes to policy specifically in relation to the use of surrogacy by gay men / male couples?

15. Closing questions

- Is there anything else you want to add?
- Are you any other questions you feel I should be asking? What? Why? Who?
- Any other people I should be speaking to?
- What areas of research do you think needs further exploration to add to the current surrogacy picture?

Appendix 4: Copy of Ethical Approval Letter



HLS FREC Ref: 1001

23rd August 2012

Wendy Norton
PhD Candidate
Faculty of Health & Life Sciences

Dear Wendy,

Re: Ethics application – An exploratory study of gay men seeking surrogacy to achieve parenthood (ref: 1001)

I am writing regarding your application for ethical approval for a research project titled to the above project. This project has been reviewed in accordance with the Operational Procedures for De Montfort University Faculty of Health and Life Sciences Research Ethics Committee. These procedures are available from the Faculty Research and Commercial Office upon your request.

I am pleased to inform you that ethical approval has been granted by Chair's Action for your application. This will be reported at the next Faculty Research Committee, which is being held on 18th October 2012.

Should there be any amendments to the research methods or persons involved with this project you must notify the Chair of the Faculty Research Ethics Committee immediately in writing. Serious or adverse events related to the conduct of the study need to be reported immediately to your Supervisor and the Chair of this Committee.

The Faculty Research Ethics Committee should be notified by e-mail to HLSFRO@dmu.ac.uk when your research project has been completed.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "RD", followed by a horizontal line.

Dr Richard Davies
Deputy Chair
Faculty of Health and Life Sciences
Research Ethics Committee

Faculty of Health and Life Sciences, Edith Murphy House, The Gateway, Leicester LE1 9BH.
T: (0116) 255 1551 F: (0116) 257 7135

Appendix 5: Recruitment Advertisement



Are you a gay man considering surrogacy to achieve parenthood?

Would you consider taking
part in research about your
views and experiences?

If the answer is yes,
please turn over for more
information about
volunteering for this study.



The Research

I am carrying out this research to work towards a PhD qualification at De Montfort University. During 2012-2013 I would like to interview gay men (as individuals or as couples) about their views and experiences of surrogacy.

The research has received ethical approval.

If you are interested in taking part please contact

Wendy Norton at:

wnorton@dmu.ac.uk or on 0116 2013810

Why is this research being carried out?

Very little is currently known about gay men's experiences and perceptions of using surrogacy to become parents. The information I get from the interviews will be used to try to improve our understanding of gay men's needs in relation to the surrogacy process and may help to improve the support that they receive.

Who can take part in the research?

I would like to talk to gay men who have either:

- used surrogacy to achieve a family;
- are currently considering surrogacy;
- have considered surrogacy in the past and have decided not to pursue this option.

Findings from the study will be anonymous.

If you know of anyone who may be interested in taking part in this research, please pass this information to them. Thank you.

Appendix 6: Participant Information Sheet - Men

An Exploratory Study of Gay Men Seeking Surrogacy to Achieve Parenthood. Information about the research

I would like to invite you to take part in a research project. Before you decide, it is important for you to understand why the research is being done, and what it will involve. Please read this information and talk to your partner and other people about it. Please feel free to ask me if there is anything that is not clear, or you would like more information.

Thank you for reading this.

Why is the project being carried out?

Very little is known about how surrogacy features as an option to achieve parenthood among gay men. This study will investigate the views and experiences of men who have either: used surrogacy to achieve a family; who are currently considering surrogacy; or have considered surrogacy in the past and have decided not to pursue this option. It will also explore the role that key parties involved in the surrogacy process play in advising and supporting gay men. The study will use the findings to make recommendations about the needs of men seeking surrogacy to become fathers and how they can best be supported during the process. I am carrying out this research to work towards a PhD qualification at De Montfort University.

What will I be asked to do if I take part?

I would like to interview you (as an individual or as a couple) about your views and experiences of surrogacy, and other routes to parenthood. This would involve one interview that would last approximately 60-90 minutes, and just you and I would be present. I will ask you about topics such as your decision-making and motivation for becoming a father, how you became aware of the different options to help you achieve parenthood, your views on the benefits and limitations of choosing the surrogacy option, and your thoughts on what support is needed during this process. Interviews will be digitally recorded and can be done at a time and place that is convenient for you (such as your home, De Montfort University or an alternative venue). As there is no funding for this research I am unable to reimburse you for your time or travelling expenses.

What are the possible disadvantages and risks of taking part?

Sometimes discussing personal experiences can be upsetting. If this happens to you, you have the option to talk through these feelings with the interviewer, or you may wish to pause the interview or stop altogether. If there are any topics you do not want to discuss just tell me and I will move onto another question.

What are the possible benefits of taking part?

I cannot promise that the study will help you personally but the information I get from the interviews will be used to try to improve our understanding of gay men's needs in relation to the surrogacy process and may help to improve the support that they receive.

What will happen to the data?

The interview recordings will be typed up verbatim (word for word) and the electronic recordings and typed up files (transcripts) will be kept on a password-protected PC. Printed data and transcripts will be kept in a locked filing cabinet at De Montfort University. All transcripts will be anonymised; your data will be given a code so your name will not appear anywhere on it and any information that could identify you (e.g. place names, doctors' names etc.) will be removed.

What will happen to my personal details?

Your personal details will be kept in a locked filing cabinet at De Montfort University, away from the recordings and printed transcripts, so that I can contact you during the study. Once the study has finished, I would like to keep your contact details so that I can tell you about the findings and about future research I may carry out. If you do not want me to do this, please place an "x" in the appropriate box on the consent form and your personal details will be destroyed at the end of the study.

Will my taking part be kept private?

Yes, your details will be kept confidential and any information that could identify you will be anonymised.

Who will access to my data?

Only the researcher and her supervision team will have access to your recording and transcript.

How will my data be used?

I will interview approximately 15 individual men or male couples and all the information I am given will be analysed together to give a full picture of people's experiences. When I write up the study for my PhD thesis and publication in an academic journal I will include relevant quotes from people I have interviewed. Again, these will all be anonymised.

What will happen at the end of the project?

There will be a summary of the findings from the study available at the end of the project and you can receive a copy of this if you wish. I will also publish the findings in academic journals, but all information about participants will be anonymised. If you give your permission to be contacted in the future about further research, I may get in touch about this after the end of the project.

Do I have to take part?

No, taking part is voluntary and you are free to withdraw at any time, up until the submission of the final thesis, without giving a reason. If you decide to take part and then change your mind please just let me know.

What happens if I have a problem with the project?

If you have a concern about any aspect of this study you can contact me and I will do my best to answer your question. If you have any complaints please contact my PhD supervisor, Dr Nicky Hudson at De Montfort University, Tel: 0116 2078766, e-mail: nhudson@dmu.ac.uk.

Who has reviewed the study?

The study has been reviewed by the Research Ethics Committee at De Montfort University.

If you have any questions or would like further information about the study please contact:

Wendy Norton
Senior Lecturer
Faculty of Health and Life Sciences
De Montfort University
Leicester LE1 9BH
E-mail: wnorton@dmu.ac.uk, Tel. 0116 2013810.

You will be given a copy of this information sheet and a copy of the signed consent form to keep.

Thank you for reading this information.

Appendix 7: Participant Information Sheet – Stakeholders

Study of Gay Men Seeking Surrogacy to Achieve Parenthood. Information about the research

I would like to invite you to take part in a research project. Before you decide, it is important for you to understand why the research is being done, and what it will involve. Please read this information and talk to other people about it. Please feel free to ask me if there is anything that is not clear, or you would like more information.

Thank you for reading this.

Why is the project being carried out?

Very little is known about how surrogacy features as an option to achieve parenthood among gay men. This study will investigate the views and experiences of men who have either: used surrogacy to achieve a family; who are currently considering surrogacy; or have considered surrogacy in the past and have decided not to pursue this option. It will also explore the role that key parties involved in the surrogacy process play in advising and supporting gay men. The study will use the findings to make recommendations about the needs of men seeking surrogacy to become fathers and how they can best be supported during the process. I am carrying out this research to work towards a PhD qualification at De Montfort University.

Why have I been chosen?

You have been identified as someone who could provide insight into the surrogacy process and is familiar with the needs of people seeking surrogacy to achieve parenthood. I believe that your experience can contribute much to our understanding.

What will I be asked to do if I take part?

I would like to interview you about your experience and expertise within the surrogacy process, or in supporting people who choose this route to parenthood. This would involve one interview that would last approximately 60 minutes, and just you and I would be present. I will ask you about topics such as your experiences of working with people who have used or are considering surrogacy, your role within this process, and your views on the benefits and limitations of surrogacy both in the UK and overseas. Interviews will be digitally recorded and can be done at a time and place that is convenient for you (such as your place of work, De Montfort University or an alternative venue). As there is no funding for this research I am unable to reimburse you for your time or travelling expenses.

What are the possible disadvantages and risks of taking part?

There are no known risks to you taking part in this study. If there are any topics you do not want to discuss just tell me and I will move onto another question. You may refuse to answer any question.

What are the possible benefits of taking part?

The information from the interviews will be used to try to improve our understanding of gay men's needs in relation to the surrogacy process and may help to improve the support that they receive.

What will happen to the data?

The interview recordings will be typed up verbatim (word for word) and the electronic recordings and typed up files (transcripts) will be kept on a password-protected PC. Printed transcripts will be kept in a locked filing cabinet at De Montfort University. All transcripts will be anonymised; your data will be given a code so that your name will not appear anywhere on it and any information that could identify you (e.g. place names, service names etc.) will be removed.

What will happen to my personal details?

Your personal details will be kept in a locked filing cabinet at De Montfort University, away from the recordings and printed transcripts, so that I can contact you during the study. Once the study has finished, I would like to keep your contact details so that I can tell you about the findings and about future research I may carry out. If you do not want me to do this, please place an "x" in the appropriate box on the consent form and your personal details will be destroyed at the end of the study.

Will my taking part be kept private?

Yes, your details will be kept confidential and any information that could identify you will be anonymised.

Who will access to my data?

Only the researcher and her supervision team will have access to your recording and transcript.

How will my data be used?

I will interview approximately 15 "key informants" involved in the surrogacy process and all the information I am given will be analysed together to give a full picture of their roles, relationships and experiences with men considering surrogacy. When I write up the study for my PhD thesis and publication in an academic journal, I will include relevant quotes from people I have interviewed. Again, these will all be anonymised.

What will happen at the end of the project?

There will be a summary of the findings from the study available at the end of the project and you can receive a copy of this if you wish. I will also publish the findings in academic journals, but all information about participants will be anonymised. If you give your permission to be contacted in the future about further research, I may get in touch about this after the end of the project.

Do I have to take part?

No, taking part is voluntary and you are free to withdraw at any time, up until the submission of the final thesis, without giving a reason. If you decide to take part and then change your mind please just let me know.

What happens if I have a problem with the project?

If you have a concern about any aspect of this study you can contact me and I will do my best to answer your question. If you have any complaints please contact my PhD supervisor, Dr Nicky Hudson at De Montfort University, Tel: 0116 2078766, e-mail: nhudson@dmu.ac.uk.

Who has reviewed the study?

The study has been reviewed by the Research Ethics Committee at De Montfort University.

If you have any questions or would like further information about the study please contact:

Wendy Norton
Senior Lecturer
Faculty of Health and Life Sciences
De Montfort University
Leicester LE1 9BH
E-mail: wnorton@dmu.ac.uk, Tel. 0116 2013810.

You will be given a copy of this information sheet and a copy of the signed consent form to keep.

Thank you for reading this information.

Appendix 8: Consent Form – Men

An Exploratory Study of Gay Men Seeking Surrogacy to Achieve Parenthood Consent Form – Men

Please initial the
box if you agree.
Put an X if you
disagree:

I confirm that I have read and understood the information sheet for the above study dated 29/08/2012 (version 2). I have had the opportunity to think about the study, ask questions and had them answered to my satisfaction.

☐

I understand that my taking part is voluntary and I am free to withdraw at any time, up until the thesis submission, without giving any reason.

☐

I understand that my name and any other details that could identify me will be removed from my interview transcript.

☐

I agree for you to keep my name and contact details on record until the study is completed.

☐

I agree to take part in a recorded interview. I understand that all information will remain anonymous and that recordings will be destroyed at the end of the study.

☐

I agree for my words to be anonymised and used as direct quotes in the presentation of the thesis and in any publications arising from the research.

☐

I agree to take part in the above study.

☐

-----	-----	-----
Name of Participant	Date	Signature
-----	-----	-----
Researcher	Date	Signature

When completed, 1 copy for participant; 1 copy (original) for researcher file.

Contact: Wendy Norton, Faculty of Health and Life Sciences, De Montfort University, Leicester LE1 9BH; E-mail: wnorton@dmu.ac.uk, Tel. 0116 2013810.

Appendix 9: Consent Form – Stakeholders

An Exploratory Study of Gay Men Seeking Surrogacy to Achieve Parenthood Consent Form – Key Informants

Please initial the
box if you agree.
Put an X if you
disagree:

I confirm that I have read and understood the information sheet for the above study dated 16/07/2012 (version 1). I have had the opportunity to think about the study, ask questions and had them answered to my satisfaction.

☐

I understand that my taking part is voluntary and I am free to withdraw at any time, up until the thesis submission, without giving any reason.

☐

I understand that my name and any other details that could identify me will be removed from my interview transcript.

☐

I agree for you to keep my name and contact details on record until the study is completed.

☐

I agree to take part in a recorded interview. I understand that all information will remain anonymous and that recordings will be destroyed at the end of the study.

☐

I agree for my words to be anonymised and used as direct quotes in the presentation of the thesis and in any publications arising from the research.

☐

I agree to take part in the above study.

☐

Name of Participant

Date

Signature

Researcher

Date

Signature

When completed, 1 copy for participant; 1 copy (original) for researcher file.

Contact: Wendy Norton, Faculty of Health and Life Sciences, De Montfort University, Leicester LE1 9BH; E-mail: wnorton@dmu.ac.uk, Tel. 0116 2013810.

Appendix 10: Biographical Questionnaire - Men

Biographical Information

No:

Age _____

Religion _____

Do you have a disability? _____

Ethnic Group - please select the code from the attached list which best describes your Ethnic group (see list overleaf)

Sexual Identity - which of the following best describes your sexual identity?

Gay ☐ Bisexual ☐ Other ☐ (please specify) _____

Partnership status

Single ☐ Non- co-habiting relationship ☐ Co-habiting ☐ Civil partnership ☐

Other ☐ (please specify) _____

Duration of this relationship _____

Please estimate how long it is since you first started to explore options to become a parent?

Are you currently employed? Yes ☐ No ☐ Other ☐ (please specify) _____

Occupation _____

Partner's occupation _____

What is your highest educational qualification?

No formal qualifications ☐ GCSEs ☐ A/AS Levels ☐ Further Education College ☐

Undergraduate Degree ☐ Masters Degree ☐ Doctorate ☐ Other ☐

Ethnicity

White

W1 English / Welsh / Scottish / Northern Irish / British

W2 Irish

W3 Gypsy or Irish Traveller

W4 Any other White background (specify)

Mixed / multiple ethnic groups

M1 White and Black Caribbean

M2 White and Black African

M3 White and Asian

M4 Any other Mixed / multiple ethnic background (specify)

Asian / Asian British

A1 Indian

A2 Pakistani

A3 Bangladeshi

A4 Chinese

A5 Any other Asian background (specify)

Black / African / Caribbean / Black British

B1 African

B2 Caribbean

B3 Any other Black / African / Caribbean background (specify)

Other ethnic group

O1 Arab

O2 Any other ethnic group (specify)

Appendix 11: Pen Portraits of 'Cases'

Case 1 (Individual interview):

"Charlie" is 40 years old and in a civil partnership. The couple have been together for 12 years. Charlie estimates that they had been exploring options to become parents are around 6 years before they had their son, who was 3.5 years old at the time of the interview. This couple had 2 failed cycles of gestational surrogacy in the US. At this point the surrogate they had been working with offered to do traditional surrogacy for them as she had been an egg donor previously for other couples. A pregnancy was achieved on the first cycle of insemination.

Case 2 (Couple Interview):

"Dylan" is 35 years old and in a civil partnership with "Robert" who is 47 years old. The couple have been together for 14 years, and had been exploring options to become parents for around 8 years before they had their son, who was 6 months old at the time of the interview. The men started trying to conceive with the fourth surrogate they met. They chose traditional surrogacy and self-inseminations. However, both parties agreed to end this arrangement as pregnancy had not been achieved after a year. The couple's next surrogate became pregnant on her 4th cycle of traditional surrogacy.

Case 3 (Couple Interview):

"Noah" is 43 years old and in a civil partnership with "Luke" who is 38 years old. The couple have been together for 13 years, and had been exploring options to become parents for around 7 years before they had their son, who was 1 year old at the time of the interview. The couple chose traditional surrogacy and worked with the second surrogate they met. They had five months of insemination attempts but did not conceive, and the surrogate ended the arrangement as her personal circumstances had then changed. The couple decided to try gestational surrogacy to open up the possibility of more surrogates. Their next surrogate conceived following their first gestational surrogacy attempt.

Case 4 (Individual Interview):

“Harvey” is 34 years old and cohabiting with his partner who he has been in a relationship with for three and a half years. Harvey has been exploring options to become a father for the last 7 years. Harvey had previously been looking at a co-parenting arrangement to enable him to become a parent and had been attempting a pregnancy with a lesbian woman. They had tried three attempts of home insemination but had not achieved a pregnancy. Harvey then realised that he actually wanted a full parenting role, so this arrangement ended. He then met his current partner who also wanted children but wanted to pursue surrogacy. At the time of the interview the couple were pursuing options for surrogacy overseas to try to become parents.

Case 5 (Individual Interview):

“Oliver” is 39 years old and cohabiting with his partner who he has been with for 20 years. Oliver estimates that they had been exploring options to become parents for around 9 years before they had their first child. The couple now have two children through surrogacy; a daughter aged four and a son aged 2 years. The couple chose traditional surrogacy and opted to work with the third surrogate they met. She has carried both their children. The first child was conceived after 4 attempts at home inseminations and their son was conceived after three cycles of home inseminations.

Case 6 (Individual Interview):

“Kyle” is 32 year old single man. He has no children, but has been exploring options to become a father for the last four years. He ideally wants to be in a relationship and parent with a partner. He would like to pursue surrogacy to create a family.

Case 7 (Couple Interview):

“Dean” is 32 years old and in a civil partnership with “Harry” who is 36 years old. The couple have been together for 13 years, and had been exploring options to become parents for around 6 years before they had their daughter, who was 3 years old at the time of the interview. The couple chose to go to India for gestational surrogacy. The men chose up to three egg donors from a set of profiles they were sent, and the Indian fertility clinic selected the surrogate. The couple had two failed IVF cycles; they did not meet their surrogates on either of these attempts. They undertook a third cycle with a different surrogate and only met her after the birth. The men went to three different IVF clinics in India before achieving a pregnancy.

Case 8 (Individual Interview):

“Kieran” is 52 years old and in a non-cohabiting relationship with his partner of three years. He estimates that he had been exploring options to become a father for around 25 years before he had his twins, a boy and a girl, who were 6 years old at the time of the interview. Having known he wanted to be a father from a very young age, Kieran had spent 25 years looking into the limited possibilities at that time. Although he had looked at adoption and co-parenting as possibilities he always knew he wanted to have his own child and be a full-time parent. He became aware of surrogacy when he was in his 40s, but could only find information on surrogacy in the US at that time; he would have preferred to have surrogacy within the UK if this had been feasible. He undertook gestational surrogacy in the US, and conceived twins on the first cycle of IVF.

Case 9 (Individual Interview):

“Ethan” is 42 years old and in a cohabiting relationship with his partner of nine years. He estimates that he had been exploring options to become a father for around 7 years before he had his daughter who was 3 years old at the time of the interview. Ethan only considered surrogacy as he wanted a genetically related child, but struggled to gain access to a UK surrogacy agency because of his sexual orientation. Ethan sourced surrogacy via a UK fertility organisation that had links with a satellite IVF clinic in Cyprus that provided donor eggs. In total Ethan met 7 surrogates, and had two previous failed IVF cycles before achieving a pregnancy with the 7th surrogate on her first IVF cycle.

Case 10 (Individual Interview):

“Ian” is 28 years old and cohabiting with his partner who he has been in a relationship with for six and a half years. Ian has no children but has been exploring possible options to become a father for the last 3 years. At the time of the interview Ian and his partner were still considering the different paths to parenthood. They were trying to plan ahead; hoping to get married first, and were considering making changes to their working lives that would enable them to be at home with the children.

Case 11 (Couple Interview):

“Isaac” is 50 years old and cohabiting with his partner “Frank”. The couple have been together for 9 years, and had been exploring options to become parents for are around 6 years before they had their son, who was 1 year old at the time of the interview. Their decision to undertake gestational rather than traditional surrogacy was based on the surrogate they found who would only consider gestational surrogacy. The couple also found their egg donor through a UK surrogacy organisation. Pregnancy was achieved on the first gestational surrogacy cycle.

Case 12 (Couple Interview):

“Nathan” is 35 years old and in a civil partnership with “Vincent” who is 38 years old. The couple have been together for 13 years, and had been exploring options to become parents for are around 6 years before they had their son, who was 4 months old at the time of the interview. The men opted for gestational surrogacy at a UK IVF clinic. The couple only worked with one surrogate who conceived on their first IVF cycle.

Case 13 (Couple Interview):

“Nick” is 34 years old and in a civil partnership with “Owen” who is 37 years old. The couple have been together for 13 years, and had been exploring options to become parents for around 4 years before their twins were born, a son and a daughter, who was two and a half years old at the time of the interview. The couple opted for gestational surrogacy in the US after meeting another gay couple who had had a child via this route. The couple worked with the second surrogate that the US surrogacy agency clinic chose for them. The US fertility clinic they chose only used anonymous egg donors. The couple conceived on their second cycle of IVF.

Case 14 (Couple Interview):

“Flynn” is 32 years old and in a civil partnership with “Elliott” who is 34 years old. The couple have been together for 12 years, and had been exploring options to become parents for are around 2 years before their daughter was born. She was 3 months old at the time of the interview. The couple chose to undertake gestational surrogacy within the UK. The couple chose an egg donor from a UK fertility clinic and froze embryos ahead of finding a surrogate. They worked with the first surrogate that they met through a UK surrogacy organisation and achieve a pregnancy on their first attempt.

Appendix 12: National Statistics Socio-economic Classification (NS-SEC) 2010

Original Eight classes	Collapsed Three Classes
1. Higher managerial, administrative and professional occupations	1. Higher managerial, administrative and professional occupations
1.1 Large employers and higher managerial and administrative occupations	
1.2 Higher professional occupations	
2. Lower managerial, administrative and professional occupations	
3. Intermediate occupations	2. Intermediate occupations
4. Small employers and own account workers	
5. Lower supervisory and technical occupations	3. Routine and manual occupations
6. Semi-routine occupations	
7. Routine occupations	
8. Never worked and long-term unemployed	Never worked and long-term unemployed

Available at:

<https://www.ons.gov.uk/methodology/classificationsandstandards/otherclassifications/thenationalstatisticsocioeconomicclassificationnssecrebasedonsoc2010#classes-and-collapses>

Appendix 13: Examples of Data Analysis

Transcript	Coding
<p>Do you want to just start off by telling me a little bit about when you first thought about being dads or building your family?; when and how did that all come about?</p> <p>(L) I suppose it came about as a natural evolution of us getting married really wasn't it.</p> <p>(N) Yes.</p> <p>(L) I think you've probably been more inclined towards parenthood in the long term; he's always wanted to be a dad. I probably had, when I eventually worked out being gay and all the rest of it that I probably... I suppose it was never really something that I had an overwhelming desire to be. I think once I realised I was gay I probably just consigned it to one side and never really thought about it and it wasn't until we got married and then started talking about where to go next, after that I really started thinking about it again. I suppose it did take me a wee while to come round to thinking that it was something that I definitely wanted to do. Particularly because our, when we first started thinking about becoming parents, our first thought was to adoption, or my first thought was to adoption, and you can't just go to the Social Services or the adoption agency, and say I want to adopt and they go well there you go, have a child. They make you really think about what it is that you're doing. It's not like if you're married and you then get pregnant and you have a baby and you've got a baby, there you go, whether you've thought about it or not, it's there. There's an awful lot of thinking that you have to do about it and be sure that you want to do it, well especially if you want to go down the adoption route. And there's a lot of time to sit around and think when you go through the surrogacy route as well.</p>	<p>Natural step after marriage</p> <p>One partner always wanted to be a dad – more than other partner</p> <p>Adoption considered initially</p> <p>Very planned and considered family building – don't just "fall pregnant" like heterosexual couples</p>

Excerpt of Open Coding:

Code No.	Description	Code No.	Description
1	Always wanted to be a dad	16	Traditional family model
2	Long-term relationship	17	Trust
3	'parenting' experience	18	Access to services
4	Adoption less desirable	19	Sourcing parenting information
5	Genetic link	20	Is parenthood a reality?
6	Not being an 'older' dad	21	Pregnancy involvement
7	Partners desire to parent	22	Staffs' attitudes
8	Be a 'normal' family	23	Denied access to services
9	Sole parents	24	Egg donor characteristics
10	No interference	25	Public perceptions of men as parents
11	Vulnerability	26	Researching parenting pathways
12	Control	27	Financial issues
13	Resilience	28	Legal issues
14	Social expectations	29	Disclosure
15	'Fit' to parent	30	Baby from birth / baby 'firsts'
<p>Early Groupings:</p> <p>Motivation / desire for parenthood</p> <p>Surrogacy decision-making</p> <p>Feelings / expectations / reactions from others</p>			

Data Extracts From Open Coding		Code	Theme	Chapter
<ul style="list-style-type: none"> • Close to my 30th birthday then we really started seriously thinking about it • Wanted to be a father from an early age • Conscious of being 35 years old • Clock ticking • Advancing age as child gets older • At 26 I stated to think about it • I thought I would like to be a father by the time I was 30 • I'd like to be a father probably by 40, I do feel a sense of urgency even now • Had turned 40 and I was thinking well if we have children it should probably be sooner than later • I didn't want to be an old dad 	<p>Age</p>	<p>Timing of Parenthood</p>		<p>Procreative Desire, Motivations and Possibilities</p>
		<p>A partner to parent with</p>		
<ul style="list-style-type: none"> • My partner knew what I wanted when I met him • Something we could do together • This is my priority I have not been with you long enough to give up this • I would love it to be with a partner in a traditional sense • I've asked every relationship would you be willing to be a father with me • Having a family is one of the things we discussed really early on, you made it clear that you definitely wanted a family • It was a relationship make or break kind of thing, do you want a family, yes • I guess it's one of those questions that's good to ask do you want to have a family 				

Appendix 14: Publications and Presentations from this Study

Journal Publications:

- **NORTON, W., HUDSON, N. and CULLEY, L.** (2013) Gay Men Seeking Surrogacy to Achieve Parenthood. *Reproductive BioMedicine Online*, 27, p271 - 279.
- **NORTON, W. et al.** (2015) A Survey of UK fertility clinics' approach to surrogacy arrangements. *Reproductive BioMedicine Online*, 31, p327 - 338.

Book Chapters:

- **NORTON, W.** Surrogacy. In: **WOODWARD, B. and MEHTA, J.** (Eds.). *Female Infertility: Basic Science and Clinical Practice*. London: JP Medical Ltd. (In preparation 2019).

Conference Presentations:

- **NORTON, W.** "Gay Men's Use of Surrogacy to Achieve Parenthood" at the British Sociological Association Families and Relationships Study Group Annual Conference: Looking Back and Looking Forward to Future LGBT Parenting Research Agendas. University of Manchester, 6th May 2016.
- **NORTON, W. et al.** "Gay Men's Journeys to Parenthood via Surrogacy: An exploratory study of UK residents" at the 32nd Annual Meeting of the European Society of Human Reproduction and Embryology in Helsinki, Finland, 3-6 July 2016.
- **Norton, W.** "Navigating UK Surrogacy Law: Gay Men's Journeys to Parenthood" at the British Sociological Association Human Reproduction Study Group Annual Conference: Reproduction and the Law: transformations, responsibilities and uncertainties in the 21st Century. De Montfort University, Leicester, 24th May 2018.